

Threshold Financial

CONCERNED, PERSONAL SERVICE

Fax Completed Application to (760-281-7277)

COMPANY INFORMATION					
Full Business Name			Office Phone		
Street Address			Office Fax		
City	County	State	Zip Code	Years Current Ownership	
Tax I.D	Corporation	Sole Proprietorship	Partnership	LLC	Other
(Circle One)					

EQUIPMENT DESCRIPTION		NEW	USED
Type/Make/Model			Equipment Cost \$
Vendor	Contact		Phone Number

PRINCIPALS						
Principal 1 - Name First/Last			Title		Social Security #	
					Own / Rent	
Address	City	State	Zip Code	Phone number	Ownership %	
Principal 2 - Name First/Last			Title		Social Security #	
					Ownership %	
Address	City	State	Zip Code	Phone number	Ownership %	

BUSINESS BANK REFERENCES		
Name of Bank/Branch	Checking Acct. #/Contact	Phone Number

BUSINESS TRADE REFERENCES		
Name of Trade	Contact Name/Account #	Phone Number
Name of Trade	Contact Name/Account #	Phone Number

LEASE/LOAN REFERENCES		
Name of Company	Account Number/Contact	Phone Number
Name of Company	Account Number/Contact	Phone Number

DECLARATION		
<p>The below undersigned certifies that the information supplied on the credit application and/or credit information sheet is true and correct. Furthermore by signing below, the undersigned individual(s), as principal(s) of and guarantor(s) for the applicant, authorizes the Lessor, its designee, assigns or potential assigns, to review his/her personal credit profile, provided by national credit bureaus in considering this application and for the purpose of the updated, renewal, or extensions of credit to the Applicant. The undersigned also authorizes all parties contacted to release credit and financial information requested as part of the credit investigation. A fax photocopy of this authorization shall be valid as the original.</p>		
Applicant 1:	Signature:	Date:
_____	_____	_____
Applicant 2:	Signature:	Date:
_____	_____	_____

POB 3789 Crestline, CA 92325-3789

Phone: (888) 280-9900