

Threshold Financial

CONCERNED, PERSONAL SERVICE

Fax Completed Application to (909) 338-9905

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

BUSINESS BANK REFERENCES

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

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.

Applicant 1: _____ **Signature:** _____ **Date:** _____
Applicant 2: _____ **Signature:** _____ **Date:** _____

POB 3789 Crestline, CA 92325-3789
Phone: (888) 280-9900