

Channel Islands Leasing & Loan

PHONE: (805) 646-3576 FAX: (805) 640-1070 EMAIL: CIL@WEST.NET

BUSINESS CREDIT APPLICATION				
LEGAL BUSINESS NAME:		DBA NAME (IF APPLICABLE):		FEDERAL TAX ID#:
BUSINESS PHYSICAL ADDRESS:		CITY:	STATE:	ZIP:
BUSINESS MAILING ADDRESS (IF DIFFERENT THAN ABOVE):		CITY:	STATE:	ZIP:
BUSINESS PHONE: ()	BUSINESS FAX: ()	BUSINESS EMAIL:		
ENTITY TYPE (CHECK ONE) <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> L.L.C.		# TRUCKS IN FLEET:	# OF EMPLOYEES	# OF YEARS AS OWNER
		# TRAILERS IN FLEET:		LAST YEAR'S GROSS SALES:
				PROJECTED SALES FOR THIS YEAR:
OFFICE CONTACT & TITLE:		ADDRESS WHERE EQUIPMENT WILL BE KEPT WHEN NOT IN USE:		

NAME OF PRINCIPAL OWNERS OF BUSINESS				
NAME OF OWNER (FIRST, MIDDLE, LAST):		TITLE:	% OWNERSHIP:	DATE OF BIRTH:
				SOCIAL SECURITY #
HOME ADDRESS:		CITY:	STATE:	ZIP:
				CELL PHONE #:
				RENT <input type="checkbox"/> OWN <input type="checkbox"/>
ARE YOU A U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF NO, ARE YOU A PERMANENT RESIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		PERSONAL EMAIL:
NAME OF OWNER (FIRST, MIDDLE, LAST):		TITLE:	% OWNERSHIP:	DATE OF BIRTH:
				SOCIAL SECURITY #
HOME ADDRESS:		CITY:	STATE:	ZIP:
				CELL PHONE #:
				RENT <input type="checkbox"/> OWN <input type="checkbox"/>
ARE YOU A U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF NO, ARE YOU A PERMANENT RESIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		PERSONAL EMAIL:

ADDITIONAL INFORMATION			
COMMERCIAL LOAN REFERENCE FINANCE COMPANY NAME:		ACCOUNT #:	EQUIPMENT DESCRIPTION / AMOUNT FINANCED:
BANK REFERENCE (BUSINESS CHECKING)		ACCOUNT #:	AVERAGE MONTHLY BALANCE:
EQUIPMENT INSURANCE COMPANY:		AGENT:	PHONE: ()
			FAX # OR EMAIL:

By signing this Business Credit Application, I hereby provide written authorization to Channel Islands Leasing or it's designee and /or associate to whom this application is submitted ("You") to review or obtain my business or personal credit information from any business or consumer reporting agency. Additionally, this authorization permits You to share and exchange information and to request, obtain and review bank, financial or other information from past, present or potential creditors. This authorization extends to future reviews of my personal or business credit information for the uses of update, renewal or future extension of credit, as well as for reviewing and /or collection of my account. A photocopy or facsimile copy of this authorization shall be as valid as the original. I further certify that all information submitted and contained in this application is complete, true, and accurate.

APPLICANT SIGNATURE: _____ PRINT NAME: _____ DATE: _____

APPLICANT SIGNATURE: _____ PRINT NAME: _____ DATE: _____