

# CREDIT APPLICATION

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## **COMPANY INFORMATION**

Tax ID #:

Legal Company Name

Company Address City State Zip

Authorized Signer Title Bus. Telephone

Business Structure No. of Years in Business Equipment Cost \$  
S Corp - C Corp - LLC - Sol Prop

## **PERSONAL INFORMATION**

Name Social Security # Ownership % Own/Rent Home

Home Address City State Zip Home Phone Number  
( )

Name Social Security # Ownership % Own/Rent Home

Home Address City State Zip Home Phone Number  
( )

## **BANK REFERENCE**

Name of Bank / Branch How Long? Checking Acct. # Telephone Contact Officer

## **EQUIPMENT DESCRIPTION**

Term Requested: Months 12 – 24 – 36 – 48 – 60 – 72

Vendor/ Supplier:

Equipment Type:

## **DECLARATION**

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes Partners Capital Group, to obtain from third parties, information it deems necessary to arrive at a decision regarding this Application. By signing below, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes Partners Capital Group, its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. I authorize all deposit, borrowing, financial and trade information to be released by telephone or fax. A photocopy or fax of this authorization shall be valid as the original. To help fight terrorism and money laundering, Federal Law requires banks to verify the information you provide, which may include driver's license or other documents, to identify you.

Applicant: \_\_\_\_\_ Signature : \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_