

## CREDIT APPLICATION

Please Complete and Fax to Credit at (714) 573-9806

Email: Lyndaa@socalleasing.com

180 E. Main Street Suite 204 Tustin, CA 92780 Tel: 714-573-9804

Company Legal Name			Trade Name			No. of Employees
Address			City	Province		Postal Code
Contact Name		E-mail	Telephone	Cell		Fax
Nature of Business			Years in Business	Type of Business: ☐ Incorporated ☐ Page 1		artnership
Principal/Shareholder (Pla	ease complete one a	oplication for each shareho	lder)			
Legal Name (last name, first name, middle initial)		Title	Ownership % of Applicant	Date of Birth (mm/dd/yy)		SIN
Home Address			City	Province	Postal Code	Telephone
How long at current address?	Home: ☐ Own	☐ Rent ☐ Other	Estimated Market Value	Mortgage Balance		Registered Owner
# of Dependents	Status:	☐ Single	Spouse's Legal Name	Date of Birth (mm/dd/yy)		SIN#
Friend/Relative Not Living With You (Name)			Relationship	Address		City
Province		Postal Code	Telephone	Fax		
Have you ever declared bankrupt	cy? □ No □ Yes	Have you written NSF check in	the past three years? □ No □ Yes	Have you any Judgments	/Legal Proceedin	gs against you? □ No □ Yes
Lease Details						
Vendor		Contact	Telephone	Fax		Lease Term Requested
Equipment Description		☐ New ☐ Used	Total Cost (Pre Tax)	Down Payment		Purchase Option
		Please provide a copy of yo	our most recent financial stateme	nts with this application.	ı	•
accurate information is a fraud by mis may also result in criminal liability.	representation. Such misre	presentation, if later discovered, is a m	rovided to determine whether or not to approve a aterial breach of the lease and will result in tern	nination of the lease as well as person	nal liability to pay t	he full amount owing under the lease. It
•	•	e e	ssary for the purposes of approving, maintaining eporting agency and this shall be consent to any t			gainst the undersigned). SCL may obtain
Signature (Company)			Date			
Signature (Personal)			Date			