



WESTERN FINANCIAL

1403 N. BATAVIA ST. #203 | ORANGE, CA 92867
PH: (800) 385-5290

Internal Use Only

AMI: **dvoage**

ACCT #: **4935J270115**

*: required field

FAX THIS FORM TO: (714) 289-1713

BUSINESS INFORMATION

Company Legal Name*:

DBA (If Different From Above)*:

Phone*:

Fax*:

Federal ID #*:

Company Street Address*:

City*:

State*:

ZIP Code*:

Equipment Location (If Different From Above)*:

Start Date Of Business*:

Years Under Current Ownership*:

Email:

Type Of Business*: Sole Proprietorship Partnership LLC Corporation Non-Profit/Municipality

OWNERS, PARTNERS, GUARANTORS, AND COSIGNERS (REQUIRED FOR ALL OWNERS WITH MORE THAN 15% OWNERSHIP). IF MORE THAN TWO OWNERS, ATTACH ADDITIONAL COPIES

1) Name*:

SSN*:

Title*:

Ownership %*:

Home Address*:

City*:

State*:

Zip*:

2) Name*:

SSN*:

Title*:

Ownership %*:

Home Address*:

City*:

State*:

Zip*:

BUSINESS BANK/TRADE REFERENCES

Current Business Bank*:

Account #*:

Bank Phone*:

Bank Contact:

Lease/Loan Reference:

Account #:

Phone:

AGREEMENT

By signing below, the undersigned individual(s), who is/are either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal, or extension of such credit or additional credit and for reviewing or collecting the resulting account. Such authorization shall also extend to obtaining bank/trade references as needed. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

Signature #1 _____ Signature #2 _____

Date: _____ Date: _____