

Since 1986

COMMERCIAL CREDIT APPLICATION

Please complete the application and return with the requested financial information.

GENERAL INFORMATION

Legal Name of Lessee:				,,	<u> </u>	IONIMATIO		Fed. Tax	ID #·		
Address:								Teu. Tax	π.		
City:						State:			Zip:		
Contact Person:		unty.				Title:	Otate.		Ζιρ.		
Phone: ()						Fax: ()					
Email Address:						1 ax. ()					
Alternative Contact Person:						Title:			Phone: (١	
Alternative Contact 1 croon.						Titlo.			T Hone. (
TRANSACTION INFORMATION											
Total Cost of Equipment/Proje	ct: \$			Term	(years):						
*Down Payment: \$ Source of Down Payment:											
Trade In: \$				Payme	ent Amo	ount: \$			Delivery Date	e:	
Other: \$	Payment Due			ent Due	:		Advance	Arrears			
Amount to Finance: \$	Payments:			☐ Monthly		uarterly	Semi-Anr	nual	Annua		
Will the down payment be made	de before	e delive	ry or at o	delivery	?						
What fund will the remaining lease payments be made from?											
Has the lessee paid the vendo	r for any	portion	of the	equipme	ent bein	g financed?			☐ Yes] No
EQUIPMENT DESCRIPTION											
Equipment Description - including make and model (please attach brochure if available):											
New Equipment:	Yes] No	If no, I	ist age	of equipment o	r date m	anufacture	ed:		
Refurbished:	Yes] No	Year:							
Replacement:	Yes No Age of current equipment:				Year purchased:						
If not a replacement, why is the equipment needed?											
Buyout Included:	Yes No Amount of buyout included: \$										
Soft Costs Included:	Yes No Amount of soft costs included (shipping, software, and sales tax): \$										
Physical location of equipment after delivery:											
Describe the essential use of t	he equip	oment b	eing pui	rchased	l:						
BUILDING PROJECT											
Is the project an addition, renovation, or a new building? Does the lessee own the land? Yes							es □No				
Is the land cost included in the financing? Yes No If yes, what is the cost of the land?											
What is the physical address of the new project?											
Please provide the current building's age, estimated market value, square feet, and brief description of facility layout:											
Please provide a brief description of the addition, renovation, or new building:											
What is the apportial was fauthe many project?											
What is the essential use for the new project?											
<u>L</u>											
CORPORATION INFORMATION											
Number of people employed:											
Select the one describing your entity: Sole Proprietors			retorshi	р	Partnership		Corpora	ition			
					Year Incorporated:						
Insurance Company Name:						Insurance Age					
Has the lessee been rated by a major rating agency?				Yes	□No	Rating:		Age	ncy:		

FINANCIAL INFORMATION

If the lessee's expenditures exceeded revenues for any one of the last three years, please explain why and what measures were taken to correct the shortfall:

FINANCIAL STATEMENT REQUIREMENTS

Please attach the following information for transactions <u>below</u> \$100,000

- A complete copy of the most recent year corporate financial statements or tax return
- A current "interim" statement (If the most recent financial statement/tax return is more than 1 year old)
- A copy of the most recent year's personal tax returns and financial statements including Balance Sheet (signed and dated)
 from all of the principals or owner(s) of the company
- Personal Guarantee from the principals/owners

Please attach the following information for transactions above \$100,000

- A complete copy of the most recent corporate financial statements
- A copy of the last two (2) years corporate tax returns
- A current "interim" financial statement (If the most recent financial statement/tax return is more than 1 year old)
- A copy of the most recent corporate budget
- A copy of the last two (2) years tax returns and personal financial statements including Balance Sheet (signed and dated)
 from all of the principals or owner(s) of the company
- Company history, mission statement and brochures

PARTNERS, OFFICERS, OR GUARANTORS INFORMATION: Please use a separate sheet if needed.

Name, Address, and Title:	% of Ownership:	SS#:

Failure to consummate this transaction once credit approved with lease documents drafted and delivered to the lessee will result in a lost deal fee being assessed to the lessee. If the transaction is funded by , this fee will NOT be charged.

*Proof of down payment is required prior to any payment of lease proceeds to the vendor, unless otherwise negotiated.

"I hereby authorize the organization, to whom this application is made, or any credit bureau or other investigative agency employed by such organization, to investigate the financial statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility."						
Please have all Partners, Officers and G	uarantors sign below:					
Completed By (signature):	Typed Name and Title:	Date:				
Partner:	Typed Name and Title:	Date:				
Partner:	Typed Name and Title:	Date:				

FEDEX / COURIER ADDRESS: PHONE / FAX: MAILING ADDRESS: **CORPORATE ADDRESS:** 800-400-5060 PH P.O. Box 500110 11835 CARMEL MT. RD. 11440 W. BERNARDO CT. 858-451-0400 PH SAN DIEGO, CA SUITE # 1304-351 **SUITE # 300** 858-451-0033 FAX 92150 SAN DIEGO, CA 92128 SAN DIEGO, CA 92127

Web: www.investmentleasing.com Calif. Real Estate Broker License #00528469 Calif. Finance Lender / Broker License #603H958