

ACCESS CAPITAL

FINANCING GROWTH FOR BUSINESS AMERICA
1391 Warner Ave. Suite B, Tustin, CA 92780

Fax To :
Attn:

BUSINESS INFORMATION

Business Name: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____ Fax: _____
 Proprietorship Corporation LLC Time In Business Under Current Ownership: _____
 Industry: _____
 Contact Name: _____ Email Address: _____

PRINCIPAL INFORMATION

Principal Name: _____ Title: _____ Percentage of Ownership: _____
 Soc Sec # _____ Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Principal Name: _____ Title: _____ Percentage of Ownership: _____
 Soc Sec # _____ Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____

TRANSACTION INFORMATION

Equipment Cost: _____
 Equipment Description: New Used _____
 Vendor: _____ Vendor Contact: _____ Phone: _____

By signing below, each undersigned individual provides written instruction to **Access Capital** or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update renewal or extension of such credit and for reviewing or collecting the resulting account. A photocopy of facsimile of this authorization shall be valid as original.

Ownership Signature: _____ Date: _____
 Ownership Signature: _____ Date: _____

Please fax to: Customer Service
Fax: 714-415-7821
e-mail: info@accesscapitalcorp.com