

ACCESS CAPITAL

FINANCING GROWTH FOR BUSINESS AMERICA

COMMERCIAL EQUIPMENT FINANCING

BUSINESS INFO

LEGAL NAME OF BUSINESS ENTITY	TELEPHONE NUMBER	CELL NUMBER
ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)	TIME IN BUSINESS years	
EMAIL ADDRESS	FAX NUMBER	FED. TAX NO.

OWNERSHIP INFORMATION

BUSINESS STRUCTURE	<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> S-CORP <input type="checkbox"/> C-CORP <input type="checkbox"/> LLP <input type="checkbox"/> LLC		
PRINCIPAL'S NAME	TITLE	% OWNERSHIP	SOC. SEC. NO.
PRINCIPAL'S NAME	TITLE	% OWNERSHIP	SOC. SEC. NO.
PRINCIPAL'S NAME	TITLE	% OWNERSHIP	SOC. SEC. NO.
PRINCIPAL'S NAME	TITLE	% OWNERSHIP	SOC. SEC. NO.

TRANSACTION INFORMATION

EQUIPMENT COST	EQUIPMENT DISCRPTION
----------------	----------------------

By signing below, each undersigned individual(s), who is either a principal of credit applicant listed herein or a personal guarantor of its obligations, provides written instruction to Lessor (Access Capital) or its designee (and any assignee or potential assignee thereof) authorizing Lessor (Access Capital) to be contact agent, for purposes of review of applicants business and or personal credit profile from a national credit bureau. Such a authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purpose of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photocopy or facsimile copy of this authorization shall be as valid as the original. In addition to authorizing review or my / our credit profile from any national credit bureau, the undersigned also authorizes my / our financial institutions and creditors to release information required by Lessor or its designee (and any assignee or potential assignee thereof).

X

MEMBER SIGNATURE

DATE

Please Complete and Fax Back to (714) 415-242-2170