



FAX OR MAIL APPLICATION TO:  
3020 Saturn Street Suite 203  
Brea, CA 92821

Ph: 800.341.1288  
Fax: 714.986.1225

### CLIENT PROFILE

#### LESSEE COMPANY INFORMATION *Full legal name of company*

Company Name \_\_\_\_\_ Trade Name or DBA \_\_\_\_\_  
Billing Address \_\_\_\_\_ Tax I.D. Number \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Nature of Business \_\_\_\_\_ Telephone \_\_\_\_\_ No. of Years in Business \_\_\_\_\_  
Type of Business:  LLC  Non-profit  Proprietorship  Partnership  Corporation No. of Employees \_\_\_\_\_

#### PERSONAL INFORMATION *Officers, Partners, and Guarantors*

Name \_\_\_\_\_ Title \_\_\_\_\_ Social Security Number \_\_\_\_\_ % Ownership \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_ Social Security Number \_\_\_\_\_ % Ownership \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### COMPANY BANK REFERENCES *Two year history*

Name of Bank / Branch \_\_\_\_\_ How Long \_\_\_\_\_ Telephone \_\_\_\_\_  
Checking Account # \_\_\_\_\_ Contact Officer \_\_\_\_\_  
Name of Bank / Branch \_\_\_\_\_ How Long \_\_\_\_\_ Telephone \_\_\_\_\_  
Checking Account # \_\_\_\_\_ Contact Officer \_\_\_\_\_

#### TRADE REFERENCES *Two year history*

Name of Supplier / Acct.# \_\_\_\_\_ City/State \_\_\_\_\_ Telephone \_\_\_\_\_ Contact \_\_\_\_\_  
Name of Supplier / Acct.# \_\_\_\_\_ City/State \_\_\_\_\_ Telephone \_\_\_\_\_ Contact \_\_\_\_\_

#### LEASE / LOAN REFERENCES *Six month pay history*

Lender \_\_\_\_\_ Original Amount \_\_\_\_\_ Loan Account # \_\_\_\_\_ Telephone \_\_\_\_\_ Contact \_\_\_\_\_  
Lender \_\_\_\_\_ Original Amount \_\_\_\_\_ Loan Account # \_\_\_\_\_ Telephone \_\_\_\_\_ Contact \_\_\_\_\_

#### EQUIPMENT DESCRIPTION

Vendor \_\_\_\_\_ Telephone \_\_\_\_\_ Sales Rep \_\_\_\_\_  
Equipment Cost: \_\_\_\_\_ Term: 24 36 48 60 Description: \_\_\_\_\_

#### DECLARATION

This application may be executed by facsimile signature(s). Delivery of this application bearing a facsimile signature(s) shall have the same force and effect as if the application bore an inked original signature(s). By signing below, the undersigned individual, who is either a principle of the credit application or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee for potential assignee thereof) authorizing review of his/her personal credit from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purpose of update, renewal and extension of such credit or additional credit and for reviewing or collecting the resulting account. 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. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. If for any reason your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please write to Providence Capital, 3020 Saturn Street #203 Brea, CA 92821 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial of credit within 30 days of receiving your request for the statement.

Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_