



ATTN: Credit Department
FAX: 909-606-1399

COMPANY INFORMATION				
Legal Name			Federal Tax ID #	
Address, City, State and Zip Code			E-mail Address	
Contact/Title	Cellular Phone	No. of Years in Business	State of Organization / ID #	
Type of Business <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Nature of Business	Telephone	Fax	
PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS				
Name		Title	SSN	% Ownership
Home Address, City, State and Zip Code			Home Telephone	
Name		Title	SSN	% Ownership
Home Address, City, State and Zip Code			Home Telephone	
COMPANY BANK REFERENCES – FIVE YEAR HISTORY				
Name of Bank / Branch	How Long?	Chkg Acct. #	Telephone	Contact Officer
Name of Bank / Branch	How Long?	Chkg Acct. #	Telephone	Contact Officer
TRADE REFERENCES – TWO YEAR HISTORY				
Name of Supplier / Acct. #	City / State	Telephone	Contact Person	
Name of Supplier / Acct. #	City / State	Telephone	Contact Person	
VENDOR INFORMATION				
Company Name		Telephone	Contact Person	
EQUIPMENT DESCRIPTION				
Equipment Location Address (if different than above)		Residual (circle one) \$1.00 FMV PUT N/A	Total Equipment Cost \$	
Brief Equipment Description (attach vendor quote)		Term in months (circle one) 24 36 48 60 72 ____	Equipment Type (check one) <input type="checkbox"/> New <input type="checkbox"/> Used	
DECLARATION				
<p>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). The above information, together with any accompanying financial statements, schedules, or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. The undersigned hereby warrants that any individual identified above who is either a principal, a personal guarantor or a sole proprietor of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, has provided his/her written authorization for inquiry into their credit worthiness, including but not limited to obtaining a consumer credit report, and shall hold TCCG, LLC dba The Cambridge Capital Group and its assignees, agents or nominees harmless from same. You understand that such investigation may include seeking information as to the background, credit and financial responsibility of your officers and principals (or any of them). 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 or age (provided the applicant has the capacity to enter into the 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 TCCG, LLC dba The Cambridge Capital Group, 22800 Savi Ranch Parkway Suite 204, Yorba Linda, CA 92887 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.</p>				

Applicant: _____ Signature: _____ Title: _____ Date: _____



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CREDIT AUTHORIZATION FORM

The undersigned individual, who is either a principal of the credit applicant or a guarantor of it's obligations, provides this written authorization to TCCG, LLC dba The Cambridge Capital Group, it's nominees or assigns, authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and for reviewing and collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm our identity as the respective individuals identified in the related application.

Company/DBA

Print Name/Title

SSN

Signed

Date

Print Name/Title

SSN

Signed

Date

Please utilize only complete and legal name(s) with signature(s) being those of only duly authorized corporate officers(s), partner(s), member(s) or proprietor.

This authorization also permits TCCG, LLC dba The Cambridge Capital Group to obtain personal bank checking and/or loan account ratings if provided by applicant. Thank you for your anticipated cooperation.