

# CREDIT APPLICATION

## VENDOR AND PLAN INFORMATION

|  |  |      |          |  |
|--|--|------|----------|--|
| VENDOR<br>Pacific Bay Equipment Service & Sales  |  |      |          |  |
| SALES PRICE<br>\$ _____ <input type="checkbox"/> with tax <input type="checkbox"/> without tax   |  | TERM | COMMENTS |  |
| <input type="checkbox"/> BestBuy <input type="checkbox"/> Baker's Dozen <input type="checkbox"/> Promo _____<br><input type="checkbox"/> Other: Buy Out _____ Paid Up Front # _____ Other: _____ |  |      |          |  |

## EQUIPMENT

## BUSINESS INFORMATION

|   |                               |         |  |       |        |
|---|-------------------------------|---------|--|-------|--------|
| BUSINESS NAME   |                               |         | FEDERAL ID #                                 |       |        |
| STREET ADDRESS  |                               | CITY    | STATE  | ZIP   | COUNTY |
| <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> OTHER _____ |                               |         |  |       |        |
| NATURE OF BUSINESS  |                               |         | EMPLOYEES<br>Full Time _____ Part Time _____ |       |        |
| YEARS IN BUSINESS   | YEARS UNDER CURRENT OWNERSHIP | PHONE # |  | FAX # |        |
| BILLING CONTACT   | NAME                          | PHONE # |  | EMAIL |        |

## BANK INFORMATION

|                                       |         |       |              |
|---------------------------------------|---------|-------|--------------|
| BANK REFERENCE(S) / ACCOUNT NUMBER(S) | CONTACT | PHONE | CITY & STATE |
|                                       |         |       |              |
|                                       |         |       |              |

## PRINCIPAL(S) INFORMATION

| ALL OWNERS, OFFICERS & STOCKHOLDERS OVER 10% | % of Ownership | TITLE | SOCIAL SECURITY NUMBER | DOB | HOME ADDRESS STREET/CITY/STATE/ZIP |
|--|----------------|-------|------------------------|-----|------------------------------------|
|  |                |       |                        |     |                                    |
|  |                |       |                        |     |                                    |
|  |                |       |                        |     |                                    |
|  |                |       |                        |     |                                    |

## AUTHORIZATION

I authorize release of any credit or financial information to Lease Consultants Corporation.

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FAX TO: 866.468.7776 or EMAIL TO: customerservice@pacificbayequipment.com**