

1048 Irvine Avenue, # 565
 Newport Beach, CA 92660
Toll Free Phone (800) 906-6380
Toll Free Fax (424) 203-3031

Please E-Mail or Fax Credit Application to:
Attn: Credit Department
 E-mail: info@firstusacapital.com
www.firstusacapital.com

COMMERCIAL CREDIT APPLICATION

BUSINESS (Complete name of legal entity, if a corporation, use EXACT registered corporate name)					
Business Legal Name:		Time In Business Under Current Ownership:		Federal ID Number	
Business Address		City/County	State	Zip	Business Ph. Number
Type of Ownership: <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation		State of Incorporation:		Type Of Business:	
				Business Fax Number	
PRINCIPAL INFORMATION (On Officers, Partners or Guarantors)					
Name (First-Middle-Last) <i>Please Print</i>		Date of Birth	Title	% Ownership	Social Security Number
Present Address		E-Mail	FAX#		Home Phone Number
Name (First-Middle-Last) <i>Please Print</i>		Date of Birth	Title	% Ownership	Social Security Number
COMPANY BANK HISTORY (Two Years History)					
Name of Bank/Branch		City	State		Contact Person
Phone	Fax	Checking Account#	Other Account	<input type="checkbox"/> Savings Investment <input type="checkbox"/> Loan/Credit Line	Account#
Name of Bank/Branch		City	State		Contact Person
Phone	Fax	Checking Account#	Other Account	<input type="checkbox"/> Savings Investment <input type="checkbox"/> Loan/Credit Line	Account#
PERSONAL GUARANTORS INFORMATION (to guaranty lease.)					
Name (First-Middle-Last) <i>Please Print</i>		Date of Birth	Title	% Ownership	Social Security Number
Present Address					Home Phone Number
Name (First-Middle-Last) <i>Please Print</i>		Date of Birth	Title	% Ownership	Social Security Number
Present Address					Home Phone Number
TRADE REFERENCES					
Firm Name	Phone	Fax	Acct#	High Credit	How Long
Firm Name	Phone	Fax	Acct#	High Credit	How Long
EQUIPMENT / SUPPLIER or VENDOR INFORMATION					
EQUIPMENT SUPPLIER/VENDOR (NAME/PHONE)					
EQUIPMENT DESCRIPTION:					
EQUIPMENT COST: Dollar Amount: \$ _____ NEW _____ USED _____ MAKE _____ MODEL _____ S/N _____ YEAR _____					
TERM REQUESTED: 24 MOS _____ 36 MOS _____ 48 MOS _____ 60 MOS _____ 72 MOS _____ Other _____ PURCHASE OPTION: FMV/10% OR \$1.00 BUYOUT					
The undersigned individual who is the Applicant(s) authorizes the release of any credit information concerning applicant(s) including credit reports, loan, lease, checking, saving, and trade accounts to First USA Capital, llc and/or any of its assigns, assignees, assignors, affiliates. Applicant(s) warrants that the information stated above is true and correct. Authorization is granted to use photo or fax copies of this application and applicant's signature(s) thereon to obtain credit information. Date of birth is now required by the Patriot Act. Applicant holds First USA Capital harmless of any actions by third parties.					
BY: _____		TITLE: _____		Date: _____	
BY: _____		TITLE: _____		Date: _____	