

# Threshold Financial

CONCERNED, PERSONAL SERVICE

Fax Completed Application to

Jack Winsten (909) 338-9905

## COMPANY INFORMATION

Full Business Name

Office Phone

Street Address

Office Fax

City

County

State

Zip Code

Years Current Ownership

Tax I.D

Corporation

Sole Proprietorship  
(Circle One)

Partnership

LLC

Other

## EQUIPMENT DESCRIPTION

NEW

USED

Type/Make/Model

Equipment Cost \$

Vendor

Contact

Phone Number

## PRINCIPALS

Principal 1 - Name First/Last

Title

Social Security #

Own Y / N

Address

City

State

Zip Code

Phone number

Ownership %

Principal 2 - Name First/Last

Title

Social Security #

Address

City

State

Zip Code

Phone number

Ownership %

## BUSINESS BANK REFERENCES

Name of Bank/Branch

Checking Acct. #/Contact

Phone Number

## BUSINESS TRADE REFERENCES

Name of Trade

Contact Name/Account #

Phone Number

Name of Trade

Contact Name/Account #

Phone Number

## LEASE/LOAN REFERENCES

Name of Company

Account Number/Contact

Phone Number

Name of Company

Account Number/Contact

Phone Number

## DECLARATION

The below undersigned certifies that the information supplied on the credit application and/or credit information sheet is true and correct. Furthermore by signing below, the undersigned individual(s), as principal(s) of and guarantor(s) for the applicant, authorizes the Lessor, its designee, assigns or potential assigns, to review his/her personal credit profile, provided by national credit bureaus in considering this application and for the purpose of the updated, renewal, or extensions of credit to the Applicant. The undersigned also authorizes all parties contacted to release credit and financial information requested as part of the credit investigation. A fax photocopy of this authorization shall be valid as the original.

Applicant 1:

Signature:

Date:

Applicant 2:

Signature:

Date:

POB 3789 Crestline, CA 92325-3789

Phone: (888) 280-9900