

CFIC Funding, Inc.

21213-B Hawthorne Blvd #5392, Torrance, CA 90503-5595

Phone No: (310) 370-4871

Fax No: (315) 410-6823

E-Mail: wayne@cficfunding.com

Web Site: www.cficfunding.com

Credit / Lease Application

Customer Info		Legal Business Name			Business Phone No.	
Address of Equipment Location					Business Fax No.	
Business Street Address		City	State	Zip Code	Contact Name	Contact Phone Number
Description of Business			No. of Employees	Yrs In Business (current owner)	Fed Tax Identification No.	
Proprietorship	Type of Corporation: State ____ Year Incorporated:	General Partnership		Limited Partnership	Dun & Bradstreet No	
Ownership Information <small>(Owners, partners principal officers)</small>	Name		Title		% Ownership	Home Phone No.
	Home Address		City	State	Zip	Social Security No
	Name		Title		% Ownership	Home Phone No.
	Home Address		City	State	Zip	Social Security No
	Name		Title		% Ownership	Home Phone No.
	Home Address		City	State	Zip	Social Security No
	Has the Company or Any Person(s) Listed Above Filed any Bankruptcies in the past? ____ Yes (If Yes, Please Provide Date) No ____					
Banking References	Bank #1 Name		Account No.	Contact	Phone No.	
	Bank #2 Name		Account No.	Contact	Phone No.	
	Bank #3 Name		Account No.	Contact	Phone No.	
Trade References	Trade Reference #1		Account No.	Contact	Phone No.	
	Trade Reference #2		Account No.	Contact	Phone No.	
	Trade Reference #3		Account No.	Contact	Phone No.	

AUTHORIZATION TO OBTAIN CREDIT INFORMATION:

I / We represent and warrant that the information provided in this credit application is complete, accurate and true. Each individual signing below also requests and authorizes any lenders or funding source which may be utilized (collectively referred to as "Lenders") to obtain information from the references listed above and obtain commercial and/or consumer credit histories that will be ongoing and relate not only to the evaluation of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed. A facsimile, electronic or other copy of this signed authorization shall be as valid as the original.

X

Applicant's Signature

Applicant's Printed Name

Date

X

Applicant's Signature

Applicant's Printed Name

Date

X

Applicant's Signature

Applicant's Printed Name

Date

Listing of Equipment

Detailed Equipment Description (Include Model No.)	Manufacturer	Serial Number:	Cost:

Total Equipment Cost (this page) **\$**

I herewith verify that the equipment listed above is unencumbered and owned outright by the applicant(s):

Applicant's name (Print)

Applicant's Signature

Date