

Commercial Credit Application

Please return via facsimile or email to:

Michael Dee
 Phone: 877-533-2232 x116
 Fax: 714-200-0305
MDee@decadagroup.com



Michael Colwell
 Phone: 888-289-5911

1. Lessee Company Information

Company Name	Company Address	City,State,Zip
Email Address	Phone	Fax
Business Classification <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation (<input type="checkbox"/> C. Corp <input type="checkbox"/> S. Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit	Federal Tax ID Number	
		Time In Business <input type="checkbox"/> Months <input type="checkbox"/> Years

2. Principals Information

Name	Title	Social Security Number	% Ownership
Home Address(Primary Residence)	City,State,Zip	Home Phone	Years with Co.
Name	Title	Social Security Number	% Ownership
Home Address(Primary Residence)	City,State,Zip	Home Phone	Years with Co.

3. Company Bank References

Bank Name	Contact Officer	Phone	Account Number
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4. Insurance Information

Insurance Company	Contact Number	Policy Number	Insurance Expiration Date
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5. Commercial Credit References

Institution Name	Contact Officer	Phone	Account Number
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6. Proposed Equipment Acquisition

Equipment to be Financed	Estimated Cost		
Vendor Name	Contact	Phone	

7. Applicant Signature

The above information, together with any accompanying financial statements, schedule, or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct, and complete. The undersigned thereby 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/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 Decada Financial Group and its assignees harmless from same. Decada Financial Group is hereby authorized to investigate (directly or through an agent or nominee) your/their credit and financial responsibility. You understand that such investigation may include seeking information as to the background, credit, and financial responsibility of your officers and principal (or any of them).

Signature	Print Name	Date
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