



## EQUIPMENT FINANCING APPLICATION FORM

**We appreciate your business!**

Please complete the following information and **fax to (714) 573-9806, Attn: Barbara Griffith**

To preserve security of your personal/financial information, please **DO NOT EMAIL** form.

Southern California Leasing: (714) 573-9804, ext. 101 or (800) 291-8777

### Company Information

- Name: \_\_\_\_\_ Yrs. In Business: \_\_\_\_\_ Type Of Business: \_\_\_\_\_
- Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Contact: \_\_\_\_\_ Phone: \_\_\_\_\_
- E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_
- Federal Tax ID: \_\_\_\_\_

### Company Structure

- C-Corp: \_\_\_\_\_ S-Corp: \_\_\_\_\_ Partnership: \_\_\_\_\_ Sole: \_\_\_\_\_ LLC: \_\_\_\_\_

### Banking Information

- Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Business Acct. #: \_\_\_\_\_ Type Of Account: \_\_\_\_\_ Contact: \_\_\_\_\_

### Trade Information - 2 References

- Company: \_\_\_\_\_
- Contact: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Fax: \_\_\_\_\_
- Company: \_\_\_\_\_
- Contact: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Fax: \_\_\_\_\_

### Ownership Information

- Name: \_\_\_\_\_ Ownership %: \_\_\_\_\_ SSN#: \_\_\_\_\_
- Home Addr: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Name: \_\_\_\_\_ Ownership %: \_\_\_\_\_ SSN#: \_\_\_\_\_
- Home Addr: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Required Equipment:** \_\_\_\_\_ **Cost:** \_\_\_\_\_
- Vendor: Location Sound Corp. Phone: 800-228-4429**

At Southern California Leasing, we offer fast credit approvals, and custom-tailored solutions to address almost any financial need that mid-sized businesses face.

I hereby authorize Southern California Leasing, Inc. or its Agents to obtain other credit information including D&B reports and Credit Bureau Reports. All credit information submitted herewith is true and correct.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_