Phone: 858-427-1250 Fax: 858-408-4342

Email: Credit@Primecapitalsource.com



Business Legal Name			Business DBA Name				
-							
Type of Business Entity (Select One)	Corporation	Limited Liability Company	Partnership	Sole Proprietor	State Business	s Registered In	
Physical Street Address (No PO Box)			City	ty		Zip Code	
ephone Facsimile			Federal Tax ID				
Business Start Date Current Ownership YRS				Nature of Business			
Equipment Location (If different from Physical Address)			City		State	Zip Code	
Owner#1 Name			Owner#2 Name				
Title			Title				
Home Address			Home Address				
City	State	Zip Code	City		State	Zip Code	
Home Phone		·	Home Phone				
Social Security Number Percent Ownership			Social Security Number Percent Ownership				
•			,		reicent Owne	isnip	
Email Address			Email Address				
Have you selected equipment? YES NO			Type of Equipment				
I plan to purchase equipment in: 30 days 60-90 days 90+ days			Estimated Cost				
Vendor Name			Vendor Phone				
Bank Name			Bank Contact				
Account Number			Bank Phone				
Declaration Legal:							
I hereby certify: (i) the information provided references are hereby authorized to release considering this application and subsequent resulting account, (iv) this information may manually, and that by submitting this applicati Credit Reporting Act, (vii) I consent to receive requests for information and notices, and (viii)	any requested in ly for the purpose be transmitted on, I take full resolve for faxes and e-r	nformation to you or you ses of update, renew- by us to you and by sponsibility for transmis mails sent by Prime C	our nominee, (iii) sual or extension of s you to underwriter ssion thereof, (v) I a capital Source, INC	ach authorization shall e such credit or additiona (s) for the purpose of m over 18 years of age, and its affiliates for the	xtend to obtaining I credit and for regranting me cred (vi) I acknowledg	g personal credit profile eviewing or collecting the lit, either electronically e my rights under the Fa	
Owner/Officer Signature			Owner/Officer Signature				
Title			Title				
Date			Date				