

CREDIT APPLICATION

PLEASE FAX APPLICATION TO:

Direct# : (949) 429-4910

FAX#: (949) 716-2101

Attn: Jesse James Cell#: (949) 322-1229

jjames@benchmarkfingrp.com



COMPANY INFORMATION :

TAX ID NUMBER :

Legal Company Name		Contact Person:	Email:
Company Address		City	State Zip
Authorized Signer	Title	Telephone # ()	Fax # ()
Business Structure	Years in Business Present Owner :	Amount Requested \$	

Personal Information:

Name	Social Security #	% of ownership of business	Own/Rent Home
Home Address	City	State Zip	Home Phone Number ()
Name	Social Security #	% of ownership of business	Own/Rent Home
Home Address	City	State Zip	Home Phone Number ()

BANK REFERENCES :

Name of Bank / Branch	How Long?	Checking Acct. #	Telephone ()	Contact Officer
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Vendor from whom you are receiving Equipment :

Name of Supplier	New or Used (circle one)	Telephone ()	Contact Person
Name of Supplier	New or Used	Telephone ()	Contact Person

Where will Equipment be located?

Address:	Telephone ()	Contact Person
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EQUIPMENT DESCRIPTION

Term Requested: 12 24 36 48 60Please circle one choice.

Equipment Type: (What are you getting?):

DECLARATION

The above information, together with any accompanying financial statements, schedules, or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. Benchmark Financial Groups, LLC is hereby authorized to investigate (directly or through an agent or nominee) our credit and financial responsibility. We understand that such investigation may include seeking information as to the background, credit and financial responsibility of our officers and principals (or any of them).

Applicant: _____ Signature : _____ Title: _____ Date: _____
Email Add: _____