

Complete this interactive PDF application on your computer or print out a copy and complete the application by hand. Sign and return to us:

by email: info@gen-cap.com  
 or by fax: (888) 411-1341  
 or by mail: 17551 Gillette Avenue, Irvine CA 92614

## LESSEE COMPANY INFORMATION

Legal Company Name			No. of Years in Business	
Company Address		City	State	Zip
Nature of Business		Email Address	Telephone	
Type of Business			Federal Tax ID Number	
<input type="checkbox"/> Non Profit <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation: State				

## PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS

Name (Owner #1)		Title	Social Security Number		% of Ownership of Business
Home Address		City	State	Zip	Own/Rent
Home Phone Number					
Name (Owner #2)		Title	Social Security Number		% of Ownership of Business
Home Address		City	State	Zip	Own/Rent
Home Phone Number					

## COMPANY BANK REFERENCES - TWO YEAR HISTORY

Name of Bank / Branch	How Long?	Checking Account Number	Telephone	Contact Officer
Name of Bank / Branch	How Long?	Checking Account Number	Telephone	Contact Officer

## EQUIPMENT DESCRIPTION & ESTIMATED COST

New    Used

## DECLARATION

The above information, together with any accompanying financial statement, schedules, or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. Genesis Commercial Capital is hereby authorized to investigate (directly or through an agent or nominee) out credit and financial responsibility. By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Genesis or its designee authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purpose of update, renewal, or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application. I/we confirm that no petition for bankruptcy has been filed under the company or on an individual basis and that no open liens/judgements exist against the company or on an individual basis.

Owner #1: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Owner #2: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_