

PLEASE FAX OR SEND APPLICATION TO:  
**GeNESIS COMMERCIAL CAPITAL**  
 17551 Gillette Avenue • Irvine, CA 92614

(800) 531-0371 • FAX (888) 411-1341  
[Info @gen-cap.com](mailto:Info@gen-cap.com)

# ACCOUNT VERIFICATION FORM

## COMPANY INFORMATION

Legal Company Name			No. of Years in Business (Under Current Ownership)	
Company Address	City	State	Zip	
E-Mail Address	Annual Revenues	Nature of Business	Telephone	
Type of Business <input type="checkbox"/> Non Profit <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation: State _____			Federal Tax ID Number	

## PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS

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

## LEASE / LOAN REFERENCES -- SIX MONTH PAY HISTORY

Name	Original Amount \$	Loan Acct. #	Telephone	Contact Person
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## EQUIPMENT DESCRIPTION & ESTIMATED COST

New    Used

## 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. Genesis Commercial Capital LLC ("Genesis") is hereby authorized to investigate (directly or through an agent or nominee) our 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 purposes 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/judgments exist against the company or on an individual basis.

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

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