



FAX PROCESSING CENTER:

714.986.1225

Ph: 800.341.1288 Ext. 105

CLIENT PROFILE

Attention: Ofer Horn

LESSEE COMPANY INFORMATION Full legal name of company

Company Name Trade Name or DBA

Billing Address Tax I.D. Number

City County State Zip

Nature of Business Telephone No. of Years in Business

Type of Business: LLC Non-profit Proprietorship Partnership Corporation No. of Employees

PERSONAL INFORMATION Officers, Partners, and Guarantors

Name Title Social Security Number % Ownership

Home Address City State Zip

Name Title Social Security Number % Ownership

Home Address City State Zip

COMPANY BANK REFERENCES Two year history

Name of Bank / Branch How Long Telephone

Checking Account # Contact Officer

Name of Bank / Branch How Long Telephone

Checking Account # Contact Officer

TRADE REFERENCES Two year history

Name of Supplier / Acct.# City/State Telephone Contact

Name of Supplier / Acct.# City/State Telephone Contact

LEASE / LOAN REFERENCES Six month pay history

Lender Original Amount Loan Account # Telephone Contact

Lender Original Amount Loan Account # Telephone Contact

EQUIPMENT DESCRIPTION

Vendor Telephone Sales Rep

Equipment Cost: Term: 24 36 48 60 Description:

DECLARATION

This application may be executed by facsimile signature(s). Delivery of this application bearing a facsimile signature(s) shall have the same force and effect as if the application bore an inked original signature(s). By signing below, the undersigned individual, who is either a principle of the credit application or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee for potential assignee thereof) authorizing review of his/her personal credit 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 and 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. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. If for any reason your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please write to Providence Capital, 3942 Irvine Blvd, Suite 90, Irvine CA 92606 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial of credit within 30 days of receiving your request for the statement.

Applicant: Signature: Title: Date:

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