

6333 GREENWICH DRIVE · SUITE 140 · SAN DIEGO, CA 92122
 TEL: 858.824.0900 · FAX: 858.824.0901
 FAX TO: ATTENTION FINANCE DEPT.



LEASE CREDIT APPLICATION

DATE:

FIRM NAME				COUNTY WHERE PROPERTY WILL BE LOCATED					
ADDRESS		STREET		CITY		STATE		ZIP	
PHONE		DATE ESTABLISHED		NATURE OF BUSINESS		<input type="checkbox"/> PROP. <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORP. <input type="checkbox"/> LLC			
PRINCIPALS NAME				POSITION		HOME PHONE			
HOME ADDRESS				CITY		STATE		ZIP	
<input type="checkbox"/> OWNS <input type="checkbox"/> RENTS		HOW LONG?		SOCIAL SEC. NO.		BIRTH DATE		NAME OF SPOUSE	
PREVIOUS ADDRESS (IF CURRENT ADDRESS IS LESS THAN 2 YEARS)									
PRINCIPALS NAME				POSITION		HOME PHONE			
HOME ADDRESS				CITY		STATE		ZIP	
<input type="checkbox"/> OWNS <input type="checkbox"/> RENTS		HOW LONG?		SOCIAL SEC. NO.		BIRTH DATE		NAME OF SPOUSE	
PREVIOUS ADDRESS (IF CURRENT ADDRESS IS LESS THAN 2 YEARS)									
EMAIL ADDRESS									
BANK REFERENCE									
NAME OF BANK						PHONE			
PERSON TO CONTACT		SAVINGS ACCT. #		CHECKING ACCOUNT #		LOAN ACCOUNT #			
NAME OF BANK						PHONE			
PERSON TO CONTACT		SAVINGS ACCT. #		CHECKING ACCOUNT #		LOAN ACCOUNT #			
TRADE REFERENCE									
NAME OF COMPANY				ACCOUNT #		PHONE			
NAME OF COMPANY				ACCOUNT #		PHONE			
NAME OF COMPANY				ACCOUNT #		PHONE			
CURRENT LEASE OBLIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF CO. OR BANK			ACCOUNT #		PHONE		
DO YOU RENT YOUR OFFICE SPACE?		NAME OF LANDLORD		SQ. FT.	LEASE EXPIRATION		PHONE		
INSURANCE INFORMATION									
NAME OF INSURANCE AGENT						PHONE			
ADDRESS			CITY		STATE		ZIP		
EQUIPMENT VENDOR INFORMATION									
NAME				CONTACT PERSON					
ADDRESS								PHONE	
QTY.	NEW/USED	EQUIPMENT TO BE LEASED			TERM DESIRED:		PRICE W/O TAX		
RELEASE									
<p>TO WHOM THIS MAY CONCERN:</p> <p>THIS WILL BE YOUR AUTHORITY AND MY REQUEST FOR YOU TO RELEASE TO WELLSPIRNG INTERNATIONAL ANY INFORMATION THEY MAY REQUEST CONCERNING CREDIT STANDING WITH YOUR COMPANY AND/OR MONEY ON DEPOSIT. I HEREBY FURTHER AUTHORIZE ANY PHOTOSTAT COPIES OF THIS RELEASE.</p> <p>FOR (COMPANY NAME): _____</p> <p>BY (NAME OF OFFICER): _____ TITLE: _____</p> <p>SIGNATURE : _____ DATE: _____</p>									