BUSINESS CREDIT APPLICATION PLEASE FAX
OR SEND APPLICATION TO:
401 East Ocean Blvd., Suite 401
Long Beach, CA 90802
(562) 472-0523   Fax (562) 206-0282
Attn: Allen Santos
allen.santos@matrixbusinesscapital.com

LESSEE	Legal business Name			DBA Name (if applicable)		
	Business Street Address/City/State/Zip Code				Business Real Estate Rent ☐ Own ☐	
	Corporation ☐ Partnership ☐ LLC ☐ Proprietorship ☐ Other ☐_____		State of Incorporation		# of Employees	Federal Tax ID #
	Type of Business (Industry)			Years in Business (Current Ownership)		
	Primary Contact	Phone No.	Fax No.	Email Address		

PRINCIPALS (Owners, partners, and principal officers)	Principals Full Name	Title	% Ownership	Social Security No.
	Home Address/City/State/Zip Code		Rent ☐ Own ☐	Birth Date (Mo/Day/Yr)
	Email Address Home Phone No.		U.S. Citizen Yes ☐ No ☐	Cell Phone No.
	Name	Title	% Ownership	Social Security No.
	Home Address/City/State/Zip Code		Rent ☐ Own ☐	Birth Date (Mo/Day/Yr)
	Email Address Home Phone No.		U.S. Citizen Yes ☐ No ☐	Cell Phone No.

TERMS	Finance Options (Check Box) ☐24 Months ☐36 Months ☐48 Months ☐ 60 Months Credit Requested $_____

Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes you, to whom this application is made, or your agents or assigns, to obtain information from the reference listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purpose of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim, which such individual would otherwise have under the Fair Credit Reporting Act in absence of this continuing consent.

All Approvals are subject to the verification of time in business and a complete description of the equipment. Each signer will submit a copy of his or her driver's license.

X_____

Signature   Signer's Printed Name   Date

X_____

Signature   Signer's Printed Name   Date