

306 Descanso • Ojai, CA 93023

We're Nationwide!



Channel Islands Leasing & Loan

1-800-879-9987

CREDIT APPLICATION

FAX# 1-805-640-1070

LEGAL BUSINESS NAME		FEDERAL TAX I.D.#		P.O. BOX (IF APPLICABLE)	
BUSINESS (PHYSICAL) ADDRESS		CITY	COUNTY	STATE	ZIP
TELEPHONE ()		FAX# ()	CONTACT	TITLE	
CHECK ONE	# OF TRUCKS IN FLEET	# OF EMPLOYEES	# OF YEARS AS OWNER OF BUSINESS	LAST YR.'s GROSS SALES \$	THIS YR.'s PROJECTED SALES \$
<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP (GEN. OR LTD.) <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> L.L.C.					TOTAL MONTHLY TRUCK PAYMENTS \$

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU: _____ PHONE # ()

~ NAME OF PRINCIPAL OWNERS OF BUSINESS ~

NAME OF OWNER	TITLE	% OF OWNERSHIP	DATE OF BIRTH	SOCIAL SECURITY #
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE ()
NAME OF MORTGAGE HOLDER OR LANDLORD	PAYMENT \$		RENT _____ OWN _____	PHONE ()
NAME OF OWNER	TITLE	% OF OWNERSHIP	DATE OF BIRTH	SOCIAL SECURITY #
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE ()
NAME OF MORTGAGE HOLDER OR LANDLORD	PAYMENT \$		RENT _____ OWN _____	PHONE ()

~ BANK REFERENCES SHOULD ESTABLISH CREDIT HISTORY AND LONGEVITY IN BUSINESS ~

BANK	CITY	OFFICER	PHONE # ()
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CHECKING ACCOUNT No. 1 #	CHECKING ACCOUNT No. 2 #	SAVINGS ACCOUNT #
LOAN/LEASE REFERENCE	ACCOUNT #	PHONE # ()
LOAN/LEASE REFERENCE	ACCOUNT #	PHONE # ()
INSURANCE COMPANY	AGENT	PHONE # ()
		FAX # ()

EQUIPMENT DESIRED (DESCRIPTION) _____ REASON FOR NEW TRUCK _____ UPGRADE/REPLACEMENT _____ ADDITIONAL TRUCK TO FLEET _____

I hereby provide written authorization to Channel Islands Leasing or its designee (and any assignee or potential assignee thereof) to obtain my personal credit profile from a National Credit Bureau. Such authorization is extended to include future reviews of my personal credit profile for the uses of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photocopy or facsimile copy of this authorization shall be as valid as the original. I further certify that all information submitted and contained in the application is complete and accurate.

SIGNATURE _____ NAME (PLEASE PRINT) _____ TITLE _____ DATE _____
 SIGNATURE _____ NAME (PLEASE PRINT) _____ TITLE _____ DATE _____