



25876 THE OLD ROAD #340
 VALENCIA, CA 91381
 VOICE 661.263.0030
 FAX 661.263.2319
<http://www.cascadesfinancial.com>

CREDIT APPLICATION
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CUSTOMER INFORMATION				
COMPLETE LEGAL NAME OF BUSINESS	DATE STARTED	PHONE NUMBER		FAX NUMBER
MAILING ADDRESS OF BUSINESS	CITY	STATE	ZIP CODE	COUNTY
PHYSICAL ADDRESS OF EQUIPMENT	CITY	STATE	ZIP CODE	COUNTY
FEDERAL TAX ID#	TYPE OF BUSINESS			<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> LLC <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> S-CORP <input type="checkbox"/> C-CORP <input type="checkbox"/> PARTNERSHIP
CONTACT PERSON	EMAIL ADDRESS			
HAS THE BUSINESS OR ANY PRINCIPLE / OWNER EVER DECLARED BANKRUPTCY?				
DECLARATION <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT YEAR? ATTACH EXPLANATION				
ANNUAL REVENUE:				
2005 2004 2003				
VENDOR INFORMATION				
VENDOR NAME	ADDRESS		CONTACT	
PHONE	TYPE OF EQUIPMENT		APPROXIMATE COST	
LEASE TERM		RESIDUAL	EQUIPMENT	MODEL YEAR
<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/> 84		<input type="checkbox"/> FMV <input type="checkbox"/> \$1.00	<input type="checkbox"/> NEW <input type="checkbox"/> USED	
OWNER INFORMATION				
PRINCIPALS NAME AND TITLE	% OWNED	SOCIAL SECURITY #		DATE OF BIRTH
HOME ADDRESS	CITY	STATE		ZIP CODE
PRINCIPALS NAME AND TITLE	% OWNED	SOCIAL SECURITY #		DATE OF BIRTH
HOME ADDRESS	CITY	STATE		ZIP CODE



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BANK REFERENCE:			
BANK NAME	ACCOUNT NUMBER	CONTACT	PHONE
BANK NAME	ACCOUNT NUMBER	CONTACT	PHONE
LEASE / LOAN REFERENCE:			
CREDITOR	ACCOUNT NUMBER	CONTACT	PHONE
CREDITOR	ACCOUNT NUMBER	CONTACT	PHONE
TRADE / SUPPLIER REFERENCE:			
COMPANY	ACCOUNT NUMBER	CONTACT	PHONE
COMPANY	ACCOUNT NUMBER	CONTACT	PHONE

AUTHORIZATION: APPLICANT WARRANTS THAT ALL THE INFORMATION PROVIDED LESSOR IS TRUE AND CORRECT, AND AUTHORIZES CASCADDES FINANCIAL, INC. AND ITS ASSIGNEES TO INVESTIGATE APPLICANTS CREDIT WORTHINESS AS MAY BE NEEDED. THE UNDERSIGNED AUTHORIZES ALL BANKING INSTITUTIONS, CREDIT REPORTING AGENCIES, TRADE REFERENCES AND ITS AGENTS TO RELEASE ALL NECESSARY INFORMATION VIA TELEPHONE, MAIL OR FACSIMILE AS REQUESTED, FOR THE PURPOSE OF SECURING A LEASE, UPDATING, RENEWAL OR EXTENSION OF SUCH CREDIT OR ADDITIONAL CREDIT AND FOR REVIEWING OR COLLECTING THE RESULTING ACCOUNT.

APPLICANT 1	
PRINTED NAME	TITLE
SIGNATURE X	DATE
APPLICANT 2	
PRINTED NAME	TITLE
SIGNATURE X	DATE