



One Minute Credit Application

Corey Holland – National Accounts

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Company Information

Legal Business Name		Time in Business	Type of Business <input type="radio"/> Sol Prop <input type="radio"/> LLC <input type="radio"/> Corp	
Street Address		City	State	Zip
Phone No.	E-mail Address		Tax I.D. No.	
Web Address				

Personal Information (Primary Owner)

First		Last		
Street Address		City	State CA	Zip 92804
Social Security No.		Percentage of Ownership		

Co-Owner (if applicable)

First		Last		
Street Address		City	State	Zip
Social Security No.		Percentage of Ownership		

Equipment Description

Vendor Name		Contact	Phone No.	
Description		Condition <input type="radio"/> New <input type="radio"/> Used		Cost
Term(s) Requested (months)	<input type="checkbox"/> 12 <input type="checkbox"/> 24	<input type="checkbox"/> 36 <input type="checkbox"/> 48	<input type="checkbox"/> 60 <input type="checkbox"/> 72	

The undersigned represents that all information provided with this application is true and correct and hereby authorizes Partners Capital Group to obtain from third parties, information it deems necessary to arrive at a decision regarding this application. By signing below, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes Partners Capital Group, its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this application and for the purpose of update, renewal, or extension of credit to the application or the collection of any resultant accounts. I authorize all deposit, borrowing, financial and trade information to be released by telephone or fax. A photocopy or fax of this authorization shall be valid as the original. To help fight terrorism and money laundering, Federal Law requires banks to verify the information you provide, which may include driver's license or other documents, to identify you.

Primary Owner Signature	Date	Co-Owner Signature	Date
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