



### Credit Application

Fax: 559-834-5751

Phone: 800-350-2595

Name	Location: City/State
Contact:	PH#:
	Fax:

**Italicized sections are required for credit review**

<b>Legal Name:</b>		<b>Date of Birth (Individuals)</b>		<b>DBA:</b>	
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corp. <input type="checkbox"/> Sub S <input type="checkbox"/> L.L.C. <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____		Tax Exempt Number _____			
State-issued Organization# (not tax id#)		State of Organization or state of legal residence for individuals:			
<b>SOC SEC #</b>	<b>TAX ID #</b>	<b>Type of Bus.</b>	<b>Yrs in Bus.</b>	<b>E-Mail address</b>	
Primary Legal/CEO Address: Street	City	County	State	Zip	
Physical Equipment Location: Street	City	County	State	Zip	
Billing Address: Street (if different from above)	City	County	State	Zip	
<b>Phone #</b>	<b>Fax #</b>	<b>Mobile Phone #</b>	<b>Contact Name</b>		
Owner/Guarantor: Name	Title	Home Address	Home PH#	Social Security #	Date of Birth    Ownership %
Owner/Guarantor: Name	Title	Home Address	Home PH#	Social Security #	Date of Birth    Ownership %

Have you previously done business with CitiCapital Commercial Corporation?     No     Yes If yes, Acct # \_\_\_\_\_

List other creditors you do business with:

Bank	City & State	Telephone #	Contact	Account #
Trade	City & State	Telephone #	Contact	Account #

**IMPORTANT INFORMATION ABOUT ESTABLISHING A RELATIONSHIP WITH CITICAPITAL**

To help the United States Government fight terrorism and money laundering, Federal law requires us to obtain, verify, and record information that identifies each person or business that opens an account or establishes a relationship. What this means for you: when you open an account or establish a relationship, we will ask for your name, street address, date of birth, and identification number, such as a social security number or taxpayer identification number. For businesses, we will ask for the business name, street address and tax identification number. Federal law requires us to obtain this information. We may also ask to see your driver's license or other identifying documents that will allow us to identify you. We appreciate your cooperation.

The information given is true and complete. CitiCapital Commercial Corporation, CitiCapital Commercial Leasing Corporation, any other lenders designated by either of the foregoing ("Designees") and/or any other lenders designated by any such Designees (collectively "CitiCapital") may receive from and disclose to other persons, and credit reporting agencies, information about Applicant's account and credit experience and Applicant authorizes any person to release to CitiCapital credit experience and account information on Applicant. Applicant authorizes the release and disclosure to any of the foregoing lenders any and all information provided by Applicant to any of such lenders, including without limitation this credit application, financial statements and organizational documents. This shall be continuing authorization for all present and future disclosures of account information and credit experience on Applicant made by CitiCapital, or any person requested to release such information to CitiCapital. Applicant and any person signing below each agree that a credit report bearing on Applicant's and/or such other person's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or way of living may be requested in connection with this application. Upon Applicant's and/or such other person's request, CitiCapital will advise Applicant and/or such other persons, as applicable, whether a credit report was requested and if such a report was requested CitiCapital will inform Applicant and/or such other person, as applicable, of the name and address of the credit reporting agency that furnished the report.

Applicant Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Guarantor Signature \_\_\_\_\_ Title\* \_\_\_\_\_ Date \_\_\_\_\_

Guarantor Signature \_\_\_\_\_ Title\* \_\_\_\_\_ Date \_\_\_\_\_

\*If corporate guarantor, authorized officer must sign and show corporate title. If partnership guarantor, a general partner must sign and show "Partner" on Title line  
If individual guarantor, show "Individual" on the Title line.

**EQUIPMENT**

Qty	N/U	Year	Manufacturer/ Model	Serial #	Price	Residual	Payment	Maintenance

Other Detail: Attachments, etc.:

Trade Detail: Qty:	Year	Manufacturer	Model	Dealer Allowance	Lienholder	Payoff

<b>CIRCLE ONE:</b> <input type="checkbox"/> SALE <input type="checkbox"/> LEASE <input type="checkbox"/> RENTAL  PLEASE NOTE SPECIFIC FINANCE PROGRAM OR TYPE OF SALE, LEASE OR RENTAL REQUESTED AND ANY OTHER DETAILS: _____ _____ _____	<b>Terms:</b> # of Months _____ # of Adv. Pmts. _____  Circle Skip Months: <b>J F M A M J J A S O N D</b>  Other: _____ _____	Total Sales Price    \$ _____ Net Trade    - _____ Cash Down    - _____ Taxes    + _____ Fees    + _____ Phys. Dam. Ins.    + _____ Finance Amount    \$ _____ Total Payment    \$ _____
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DO YOU WANT PHYSICAL DAMAGE INSURANCE (retail contracts only)     YES    Please Circle Deductible    \$500    \$1,000    \$2,500