



CREDIT APPLICATION

Fax Application to: 949-263-1331

CELTIC LEASING®

Vendor Name Vendor Sales Rep Location

BUSINESS
Legal Business Name/Lessee Telephone Number
Address City State County Zip Code
Type of Business Age of Business Fed. Tax No.
Equipment Location City State County Zip Code
Proprietorship Partnership Corporation State of Incorporation Tax Exempt: Yes No

OWNERSHIP
Principal(s) Name Title % Ownership SSN
Home Address City State County Zip Code
Principal(s) Name Title % Ownership SSN
Home Address City State County Zip Code

BANK
Name Address (Street, City, State) Contact & Telephone
Name on account: Checking Account No. Saving Account No. Loan No.

EQUIPMENT
Equipment to be Leased Estimated Installation Date
Cost of Equipment Term Desired Purchase Option Payment

READ AND SIGN
IMPORTANT - APPLICANT READ BEFORE SIGNING
I hereby certify that all information in this application, and all attachments hereto, are true and complete to the best of my knowledge and are made for the purpose of obtaining credit. I authorize the Lessor to verify and utilize any of the information from whatever source it deems appropriate and I further authorize any of the above references to release credit information to the Lessor. I agree to notify you of any material change in the condition of my affairs, and this statement shall be construed by you to be a continuing statement of the conditions of the undersigned until written notice to the contrary is received by you. It is understood that this property of the Lessor whether or not the lease is granted, and this constitutes an application only and shall not be binding upon either the Lessor nor the applicant. Further, I hereby authorize the Lessor to disclose my name and financial history as contained in this application to affiliated of the Lessor By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Celtic Leasing or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

X Signature Title Date
X Signature Title Date