



PACIFIC AMERICAN CAPITAL, LLC
 755 N. Peach Ave. Ste E
 Clovis, CA 93611
 (800) 360-0283 - (800) 243-4091 Fax

Credit Application

Lessee's Legal Business Name		Date
Billing Address	City, State, Zip	Phone Number
Equipment Location Address	City, State, Zip	Fax Number
Landlord Name	Address, City State, Zip	Phone Number
Time In Business Under Current Ownership	Federal Tax ID #	Person To Contact

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
Principals/Officer/Partner(s)	Social Security #	%	Home Address & Telephone Number
Bank	Telephone Number	Account #	Officer To Contact
Business			
Business			
Lease/Loan Reference			
Trade Reference	Address/City/State/Zip	Account#	Telephone Number
Vendor Name(s)			Telephone Number
Vendor Address			Person To Contact
Type of Equipment			
Equipment Cost (With Out Tax)	Term (In Months)	Residual	New or Used

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Pacific American Capital, LLC or it's designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. By signing below the applicant certifies that all credit and financial information submitted is true and correct and also authorizes all Bank and/or Trade References provided by the applicant to disclose information and investigation results to each other. A fax or photocopy of this authorization shall be valid as the original

By: _____

Date: _____