

CREDIT APPLICATION

IRIS FINANCIAL SERVICES 4199 CAMPUS DRIVE, # 550, IRVINE, CA 92612
 TEL. 800.416.7000 FAX 800.403.0421

BUSINESS NAME				<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> GENERAL PARTNERSHIP		<input type="checkbox"/> LIMITED PARTNERSHIP CORPORATION <input type="checkbox"/> CORPORATION	
BUSINESS ADDRESS CITY, STATE AND ZIP CODE				YEAR BUSINESS ESTABLISHED	CURRENT OWNER SINCE	FEDERAL TAX I.D. #	
TELEPHONE	FACSIMILE NUMBER			EMAIL		EQUIPMENT AND PRICE	
NAMES OF BOARD MEMBERS	POSITION			HOME ADDRESS CITY, STATE AND ZIP CODE			
2.							
3.							
4.							
BANK REFERENCES	BANK NAME		ADDRESS		CONTACT		TELEPHONE
	1						
	ACCOUNTS IN NAME OF		CHECKING ACCOUNT NUMBER	SAVINGS ACCOUNT NUMBER		LOAN ACCOUNT NUMBER	
	BANK NAME		ADDRESS		CONTACT		TELEPHONE
	2						
	ACCOUNTS IN NAME OF		CHECKING ACCOUNT NUMBER	SAVINGS ACCOUNT NUMBER		LOAN ACCOUNT NUMBER	
BANK NAME		ADDRESS		CONTACT		TELEPHONE	
3							
ACCOUNTS IN NAME OF		CHECKING ACCOUNT NUMBER	SAVINGS ACCOUNT NUMBER		LOAN ACCOUNT NUMBER		
BANK NAME		ADDRESS		CONTACT		TELEPHONE	
4							
ACCOUNTS IN NAME OF		CHECKING ACCOUNT NUMBER	SAVINGS ACCOUNT NUMBER		LOAN ACCOUNT NUMBER		
TRADE ACCOUNTS	NAME	ADDRESS	CITY	STATE	CONTACT		TELEPHONE
	1						
	NAME	ADDRESS	CITY	STATE	CONTACT		TELEPHONE
	2						
NAME	ADDRESS	CITY	STATE	CONTACT		TELEPHONE	
3							
NAME	ADDRESS	CITY	STATE	CONTACT		TELEPHONE	
4							
LEASES	LEASE OR FINANCE CO. NAME		ADDRESS		CONTACT		TELEPHONE
	1						
	EQUIPMENT	COST	ACCOUNT NUMBER		TERM	PAYMENT	
					= _____ MONTH	= _____ MONTH	
LEASE OR FINANCE CO. NAME		ADDRESS		CONTACT		TELEPHONE	
2							
	COST	ACCOUNT NUMBER		TERM	PAYMENT		
				= _____ MONTH	= _____ MONTH		
ACCOUNTANT		ADDRESS			CONTACT	TELEPHONE	
INSURANCE CO.		ADDRESS			CONTACT	TELEPHONE	

IS THE BUSINESS A PARTY TO ANY CLAIM OR LAWSUIT?

YES NO

HAS THE BUSINESS EVER DECLARED BANKRUPTCY?

YES NO

IS THE BUSINESS - ENDORSER, GUARANTOR OR COMAKER FOR OBLIGATIONS NOT LISTED ON ITS FINANCIAL STATEMENTS?

YES NO

The undersigned agrees and understands that BFS may assign or transfer this credit application to others to decide whether or not to extend credit. We authorize the above bank and business references to give any and all necessary information to you, your assignees or transferees, which will assist you in your credit inquiry. This application and the attached financial statements are given for the purpose of obtaining credit. We certify under penalty of law that the foregoing is a true and complete statement of the financial condition of the business. In the event of any material change in financial condition, we will notify you immediately in writing

SIGNATURE

TITLE

DATE