

Credit Application

Please Print and Fax to:(760)635-3930

Docu-Options, LLC
535 Encinitas Blvd. Ste 110
Encinitas CA 92024
Phone: 760-635-3900 Fax: 760-635-3930

Equipment Description: _____
Cost: _____
Lease Term: _____
Payment: _____

Lessee:

Company Name: _____
Billing Address: _____
City _____ County _____ State _____ Zip _____
Telephone: _____
Nature of Business: _____ No. Yrs. in Business: _____
Type of Business: _____

References:

BANK: _____
Name: _____
Street: _____
City _____ State _____ Zip _____
Officer Contact: _____ Tel: _____
Checking Account# _____ Loan Account # _____

***** 2 YEARS AUDITED FINANCIALS REQUESTED*****

Trade:

Name: _____
Street: _____ Telephone #: _____
City _____ State _____ Zip _____ Contact: _____

Name: _____
Street: _____ Telephone #: _____
City _____ State _____ Zip _____ Contact: _____

Name: _____
Street: _____ Telephone #: _____
City _____ State _____ Zip _____ Contact: _____

LESSEE AUTHORIZATION TO RELEASE INFORMATION:

THE UNDERSIGNED AUTHORIZES AND INSTRUCTS ANY PERSON, CONSUMER REPORTING AGENCY OR BANKING INSTITUTION TO COMPILE AND FURNISH THE LESSOR WITH ANY INFORMATION IT MAY HAVE IN RESPONSE TO AN INQUIRY FROM THE LESSOR. UNDERSIGNED FURTHER STATES THAT ALL OF THE ABOVE STATEMENTS ARE TRUE AND COMPLETE AND ARE MADE TO THE LESSOR TO OBTAIN LEASE FINANCING OF EQUIPMENT.

DATE: _____ **X** _____
Lessee Signature