



**CREDIT APPLICATION**  
 Voice: 866-946-8689 Fax: 480-247-5638  
 5699 Kanan Rd. Suite #165,  
 Agoura Hills, CA 91301

**COMPANY INFORMATION**

Company Legal Name / DBA \_\_\_\_\_ Web Address: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Equipment. Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_ Tax I.D. # \_\_\_\_\_ Phone # \_\_\_\_\_  
 Fax # \_\_\_\_\_ Years in Business \_\_\_\_\_ Type of Business  Proprietorship  Partnership  LLC  Corporation  Non-Profit  
 Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Email address \_\_\_\_\_  
 Insurance Co. Name and Address \_\_\_\_\_ Agent / Phone # \_\_\_\_\_  
 Landlord \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

**DECLARATION**

The undersigned (s) represents that all information provided with this Application is true and correct and hereby authorizes Synnex Financial Services, or its assigns, to obtain from third parties, including other Synnex Financial Services or its assigns companies, information it deems necessary to arrive at a decision regarding this Application. By signing below, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes Synnex Financial Services or its assigns, its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. I authorize all deposit, borrowing, financial and trade information to be released to Synnex Financial Services or its assigns by telephone or fax. A photocopy or fax of this authorization shall be valid as the original. To help fight terrorism and money laundering, the information you provide will be verified to allow us to identify you.

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

**PERSONAL INFORMATION** **Officers / Partners**

Name \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Phone # \_\_\_\_\_ Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Phone # \_\_\_\_\_ Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**BANK REFERENCE** **Company**

Name of Bank/Branch \_\_\_\_\_ How Long: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Checking Acct. No \_\_\_\_\_ Contact Officer \_\_\_\_\_

**CREDIT / TRADE REFERENCES** **Company**

Supplier \_\_\_\_\_ Phone #: \_\_\_\_\_ Contact/Acct.# \_\_\_\_\_  
 Supplier \_\_\_\_\_ Phone #: \_\_\_\_\_ Contact/Acct.# \_\_\_\_\_  
 Supplier \_\_\_\_\_ Phone #: \_\_\_\_\_ Contact/Acct.# \_\_\_\_\_

**ECOA NOTICE** **Company**

Thank you for your business credit application. If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain that statement, please contact us within 60 days from the date that you were notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement. NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington D.C. 20580.

**LEASE INFORMATION** **Equipment / Supplier**

Type of Equipment \_\_\_\_\_  
 Equipment Cost \$ \_\_\_\_\_ Lease Term (months):  12  24  36  48  60 Residual:  \$1.00  FMV  Fixed  
 Equipment Supplier: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Email address \_\_\_\_\_