

Central Coast Leasing Application

BUSINESS NAME _____ **DATE ESTABLISHED** _____

BUSINESS ADDRESS _____ **PHONE NUMBER** _____

STREET CITY/STATE ZIP

TYPE OF BUSINESS _____ **# OF EMPLOYEES** _____ **FED. I.D.#** _____

OWNERSHIP: PROPRIETORSHIP PARTNERSHIP LLC CORPORATION

PRINCIPALS

NAME	TITLE	DOB	SOCIAL SECURITY #	% OF OWNERSHIP	HOME ADDRESS & PHONE #

TRADE REFERENCES	ACCT #	CONTACT	PHONE #	CITY/STATE

BANK REFERENCES	BANK OFFICER	PHONE #	BRANCH	ACCT # (LAST 10 DIGITS)

OTHER DEBT/LEASE OBLIGATIONS	CONTACT	PHONE #	ACCT #

mailing address: P.O. Box 1921 Morro Bay, CA 93443-1921 fax (805) 772-6423

By signing below, each undersigned individual(s) who is either a principal of the credit applicant listed below or a personal guarantor of its obligations, provides this written instruction and authorization to Central Coast Leasing, or its designee(s), and any assignee or potential assignee thereof, to review his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update, renewal or the extension of such credit or additional credit and for reviewing or collecting the resulting account. A photo copy or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm our identity as the respective individual(s) identified in the related application.

For the purpose of securing credit, the undersigned also authorizes Central Coast Leasing or its designee(s) (and any assignee or potential assignee thereof) to gather whatever credit information it considers necessary and appropriate, and authorizes all parties contacted to release credit and financial information requested as part of said investigation.

Signature

Signature

Date

Date