



APPLY ONLINE



CREDIT APPLICATION

Chandler White - Senior Account Executive Direct: 949-241-7197
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Company Information:

Business Name:		Time in business:	LLC, INC or SOLE PROP:		
Street Address:			City:	State:	Zip:
Phone #	Email:		Tax I.D#		

Personal Information:

First:	Last:	Cell#:			
Street Address:			City:	State:	Zip:
Social Security No.			Ownership %		

Co-Owner:

First:	Last:				
Street Address:			City:	State:	Zip:
Social Security No.			Ownership%		

Equipment Description:

Vendor Name:	Contact:	Phone:			
Description:	Condition: New or Used		Cost:		
Term(s): Requested (Months): 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/>					

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 written instruction Reliant Capital, LLC or its designee (and any assignee or potential assignee thereof) authorizing review of his or 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 extension of such credit and for reviewing or collecting the resulting account. I authorize all deposit, borrowing, and trade information to be released to the Lessor. I represent all information is true, correct, and complete. A photo static, facsimile copy, or electronically signed version of this authorization shall be as valid as the original.

Signature*** Do not E-sign this document, our underwriters require a "REAL" signature*******

Primary Owner Signature:	Date:	Co-Owner Signature:	Date:
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