

# QUICK APPLICATION

Please complete the following information and fax to 714-573-9806, Attention Barbara Griffith.  
Questions? Call 800-291-8777 or email [bgriffith@socalleasing.com](mailto:bgriffith@socalleasing.com).  
You will have an answer within one business day!

## COMPANY INFORMATION

Name: \_\_\_\_\_  
Yrs. In Business: \_\_\_\_\_ Type Of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Company Type (Circle One): C-Corp S-Corp Partnership Sole Proprietorship

## BANKING INFORMATION

Bank Name: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Account #: \_\_\_\_\_ Type Of Account: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

## TRADE INFORMATION/REFERENCES

Company 1: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
  
Company 2: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

## OWNERSHIP INFORMATION

Name 1: Ownership %: \_\_\_\_\_ SSN#: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name 2: Ownership %: \_\_\_\_\_ SSN#: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

## FINANCING INFORMATION

Tentative Equipment: Cost: \_\_\_\_\_  
Quotation Number (if available): \_\_\_\_\_  
Requested Term (Circle One): 24 Mo. 36 Mo. 48 Mo. 60 Mo.

*I authorize our bank, trade references, and financial institutions to release information by fax to Southern California Leasing, Inc. or its Agents. Further, I authorized SCL or its Agents to obtain other credit information including D&B and Credit Bureau Reports.*

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

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

Financing for NEW Pro Video Systems Inc.