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### Equipment Financing Credit Application

COMPLETE LEGAL COMPANY NAME				DBA NAME (if applicable)			
BILLING ADDRESS				CITY		STATE	ZIP
PHYSICAL ADDRESS				CITY		STATE	ZIP
EQUIPMENT LOCATION (if different than physical address of business)				CITY		STATE	ZIP
COUNTY		BUSINESS PHONE #		BUSINESS FAX#		CONTACT CELL #	
NATURE OF BUSINESS				<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> CORP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> L.L.C. <input type="checkbox"/> OTHER LIST ALL STATES BUSINESS IS FORMED IN			
FEDERAL ID#	STATE/UBI #	BUSINESS START DATE	CURRENT OWNERSHIP yrs	EMAIL ADDRESS		WEB SITE ADDRESS	

#### OFFICERS/OWNERS/PARTNERS/MEMBERS GUARANTOR INFORMATION

NAME #1			NAME #2			NAME #3		
TITLE		%OWNED	TITLE		%OWNED	TITLE		%OWNED
SSN			SSN			SSN		
HOME PHONE #			HOME PHONE #			HOME PHONE #		
STREET			STREET			STREET		
CITY	ST	ZIP	CITY	ST	ZIP	CITY	ST	ZIP
Have you or your business filed bankruptcy in the past 10 years? When? What type?			Have you or your business filed bankruptcy in the past 10 years? When? What type?			Have you or your business filed bankruptcy in the past 10 years? When? What type?		

#### BUSINESS CHECKING ACCOUNT REFERENCES

BANK NAME	ACCOUNT NUMBER	CONTACT PERSON	BANK PHONE NUMBER
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#### OTHER LEASE COMPANY OR LOAN REFERENCE

COMPANY NAME	ACCOUNT NUMBER	CONTACT PERSON	PHONE NUMBER
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#### BUSINESS TRADE ACCOUNT REFERENCES

COMPANY NAME	PHONE #	ACCOUNT #	CONTACT
LANDLORD NAME	CONTACT PERSON	PHONE #	

#### EQUIPMENT TO BE LEASED AND VENDOR/SUPPLIER INFORMATION

DESCRIPTION	QUANTITY	MODEL #	NEW <input type="checkbox"/>	USED <input type="checkbox"/>
	EQUIPMENT COST \$		LEASE TERM REQUESTED	
<input checked="" type="checkbox"/> VENDOR/DEALER SALE <input type="checkbox"/> PRIVATE PARTY SALE <input type="checkbox"/> LINE OF CREDIT <input type="checkbox"/> OTHER				
VENDOR NAME REXIN EQUIPMENT		CONTACT PERSON	PHONE #	

Each of the above listed **individuals** is/are willing to serve as guarantor of the above transaction. Each of the undersigned on his or her behalf, authorize(s) Full Circle, LLC and its nominees to **periodically** obtain, and all such parties to release, credit and financial information (personal or business) requested by Full Circle, LLC or its nominees and for such parties to provide information to others regarding their relations with the undersigned. I/we completed this application to obtain credit for the applicant and certify that all statements contained herein are true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_