

**PLEASE COMPLETE ALL SECTIONS, RETAIN A COPY FOR YOUR RECORDS  
AND RETURN THE FORM BY EMAIL OR FAX TO RYAN McQUITTY:**

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**COMPANY INFORMATION**

Company Name _____		Federal Tax ID # _____	
Business Address (no P.O. Boxes) _____	City _____	State _____	Zip Code _____
Equipment Address (no P.O. Boxes) _____	City _____	State _____	Zip Code _____
Phone _____	Mobile _____	Fax _____	Email _____
Type of Business: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit Tax Exempt? _____ Tax Exempt# (Attach Cert.) _____			
Date Business Started (MM/YYYY) _____ # of Employees: _____ Last Year's Gross Revenue _____ Website _____			

**INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS**

Name _____		Title _____	
Home Address _____		SSN _____	% Ownership _____
City _____	State _____	Zip Code _____	Home Phone _____

Name _____		Title _____	
Home Address _____		SSN _____	% Ownership _____
City _____	State _____	Zip Code _____	Home Phone _____

**LEASE/LOAN REFERENCE**

Company Name _____	Contact _____	Phone _____	Acct # _____
Equipment Financed _____	Amount Financed _____	Term _____	Payment _____

**ECOA NOTICE: DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION (BUSINESS CREDIT).** If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact Customer Service within 60 days from the date you are notified of our decision. We will send you a written statement for reasons for the denial within 30 days of receiving your request for 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 compliance with this law concerning the creditor is the Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, MO 64108.

**REPORTING AND NEGATIVE INFORMATION.** We may report information about your account to credit reporting agencies. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

**REPRESENTATIONS, AUTHORIZATIONS, AND AGREEMENTS.** The application is for the commercial or governmental lease of goods and not for any financing for personal property to be used primarily for personal, family, or household purposes and the applicant agrees that consumer credit laws shall not apply. The applicant and each owner signing this application, and each guarantor (collectively, "you" or "your") authorize Envision Capital Group LLC and its affiliates, and third parties acting for or on behalf of Envision Capital Group LLC, and any assignees or transferees of any credit extended to you by Envision Capital Group LLC (collectively, "we" or "us"), to check credit information, references and bank accounts and to obtain credit reports and other credit information from any credit reporting agency or credit grantor. You authorize us to hold, use, exchange and disclose information obtained by us in connection with this application or any credit provided to you by us and the administration of our contracts with you and as otherwise required or permitted by law, including without limitation any of the foregoing regarding this application or your credit experience, capacity or standing, and any credit reports, financial statements and organizational documents.

**INDIVIDUAL AUTHORIZATION:** By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of its obligations, provides Envision Capital Group LLC written authorization to obtain and review his/her personal consumer report from any reporting agency in connection with this application, whether or not his or her credit is being relied upon in connection with this application. If you request, Envision Capital Group LLC will provide you with the name and address of the person to whom the request for any consumer report was made. You are entitled to receive certain information from that reporting agency upon request.

**By signing this application, the undersigned confirms that the undersigned has read and understands this application and that the information provided in connection with this application is true, correct and complete, and authorizes Envision Capital Group LLC to rely on and use it to evaluate this application.**

Applicant _____	Title _____	Signature _____	Date _____
Applicant _____	Title _____	Signature _____	Date _____

**\*\*\*PLEASE PROVIDE THE FRONT PAGE OF YOUR THREE (3) MOST RECENT BANK STATEMENTS TO SPEED UP YOUR APPROVAL\*\*\***