



44489 Town Center Wav, Suite D401, Palm Desert
 CA, 92260 tonv@magellancappartners.com

CREDIT APPLICATION

Phone 877-505-3670
 Fax 760-496-7063

Company Information-Name:

Telephone: _____	Ext. _____	Fax: _____
Address: _____	City: _____	State: _____ Zip: _____
Contact Person: _____	Yrs in Bus.: _____	Fed Tax ID: _____
Nature of Business: _____		Bus. Type: _____

Vendor Information:

Name of Vendor: _____
Telephone: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____

Equipment Information:

Equipment: _____	Term requested: _____	Equip. Subtotal: _____
		Labor, Freight, etc: _____
		Tax: _____
		Deposit: _____
Equip. Address: _____		Total Requested: _____

Bank Information:

Name of Institution	Contact	Account #	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Trade Information:

Trade Reference	Contact	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Landlord Information:

Name _____	Contact: _____	Phone # _____
------------	----------------	---------------

Personal Information:

Name	% ownership	Address	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Lessee certifies that all credit and financial information submitted is true and correct and authorizes Lessor and/or any prospective creditor to investigate Lessee's credit worthiness and disclose information and investigation results to each other. I understand that I have the right to a written statement of reasons if my application is declined and I ask for such a statement. The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, creed, sex, or marital status.

By: _____ Date: _____
 Signature



44489 Town Center Way, Suite D401
 Palm Desert, California 92260
www.magellancappartners.com
tony@magellancappartners.com

Credit Authorization Attention : Tony Sherwin

877-505-3670 Toll Free
 760-496-7063 Facsimile

By signing below, the undersigned individual, who is either a principal of the credit applicant or a guarantor of its obligations, provides this written instruction to Magellan Capital Partners, its nominees or assigns, authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and for reviewing and collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm our identity as the respective individuals identified in the related application. I Consent to receive phone, email or fax updates and information from Magellan Capital Partners or its nominees.

Applicant:

Company Name:			
Print Name:			
Signed:		Date:	
Title:		Social Security #:	- -

Company Name:			
Print Name:			
Signed:		Date:	
Title:		Social Security #:	- -

Note: Use full legal name(s). Signature(s) must be only those duly authorized corporate officer, partner or proprietor, with title indicated.

This authorization also permits Magellan Capital Partners to obtain personal bank checking and/or loan account ratings if provided by applicant.