

**TURNKEY SYSTEMS
4040 HARLAN STREET**

Credit Application

Ph: 510-652-4100 Fax: 510-652-4107

Legal Name of Company		Amount Requested		Term Requested			
Business Address		City	State	Zip	County		
Equipment Location (if different from above)		City	State	Zip	County		
Contact / Title		Phone Number		Fax Number			
E-Mail Address	Federal Tax ID#	Years Under Present Ownership		Cell #:			
Landlord Name & Ph #:		Insurance Agent Name & Phone #:					
Type of Business		Corp.	S-Corp.	Partner.	Proprietor.	L.L.C.	Number of Employees
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Principal Information For All Owners

Full Name	Home Address		City	State	Zip
SSN	% of Ownership	Title:	Home Ph #:	Cell #:	
Full Name	Home Address		City	State	Zip
SSN	% of Ownership	Title:	Home Ph #:	Cell #:	
Full Name	Home Address		City	State	Zip
SSN	% of Ownership	Title:	Home Ph #:	Cell #:	

Business Bank References

Bank	Account Name	Account Number	Contact	Phone Number	Balance

Business Trade / Loan References

Supplier / Institution	Account Name	Account Number	Contact	Phone Number	Balance

AUTHORIZATION FOR DISCLOSURE OF CREDIT INFORMATION

I hereby authorize you to disclose to any assigned lender or nominee the personal and/or business information as may be required concerning the above statements or attached enclosures within the framework of the Fair Credit Reporting Act. I hereby represent to any assigned lender or its assignees that such information is true, correct and complete. A Photostatted copy of this authorization shall be valid as the original.

SIGNATURE	TITLE	DATE	SIGNATURE	TITLE	DATE
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