



3020 Saturn Street, Ste 203
 Brea, Ca 92821
 T: 714.985. 6219
 F: 714.985. 6269 Attention: J Lopez



BORDER
 CONSTRUCTION SPECIALTIES

INFORMATION

COMPANY NAME (Full Legal Name Including DBA if Applicable)		CONTACT	PHONE NO.
ADDRESS (City, State, County & Zip Code)			FAX NO.
EQUIPMENT LOCATION ADDRESS (if different than above) (City, State, County & Zip Code)			FED. TAX ID. NO.
PROPRIETORSHIP	PARTNERSHIP	CORPORATION	LLC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YRS. CURRENT OWNERSHIP		YRS. IN BUSINESS	TYPE OF BUSINESS

PERSONAL INFORMATION "Personal Guarantee"

NAME AND TITLE			
STREET ADDRESS			
CITY, STATE, ZIP			
TELEPHONE NO.			
SOCIAL SECURITY NO.			
OWNERSHIP PERCENT			

VENDOR / EQUIPMENT INFORMATION

VENDOR	STREET ADDRESS	CITY	STATE	ZIP
CONTACT	TELEPHONE NUMBER			

EQUIPMENT DESCRIPTION

NEW USED

IMPORTANT— APPLICANT READ BEFORE SIGNING

I hereby certify that all information contained in this application and all attachments hereto is true and complete to the best of my knowledge, and has been supplied for the purpose of obtaining credit in the form of an equipment lease. I authorize Providence Capital to verify any and all of the information with the source(s) it deems appropriate and further authorize any of the above banks and trade references to release requested information to Providence Capital. I understand that this constitutes an application only and shall not bind either Providence Capital or the applicant in relation to the proposed lease transaction.

DATE	SIGNATURE	TITLE
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