

CREDIT APPLICATION

PLEASE FAX OR SEND APPLICATION TO:

65 Enterprise · Aliso Viejo, CA 92656

Contact: David Frank

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Direct: (949) 427-3184

Main Phone: (949) 916-3900 · Fax: (949) 315-3795



COMPANY INFORMATION:

Federal Tax ID #: _____

Legal Company Name:		Medical / Business License #:	
Company Address:	City:	State:	Zip:
Authorized Signer:	Title:	Bus. Phone #:	
Business Structure: S Corp - Corp - LLC - Sol Prop (Circle One)	# Years in Business:	Cell Phone #:	
Website Address:	Email Address:		

PERSONAL INFORMATION:

Name:	Social Security #:	Ownership %:	Own/Rent Home:	
Home Address:	City:	State:	Zip:	Home Phone #:
Name:	Social Security #:	Ownership %:	Own/Rent Home:	
Home Address:	City:	State:	Zip:	Home Phone #:

BANK REFERENCE:

Name of Bank /Branch:			Bank/Branch Phone #:
Checking Acct. #:	Contact Name	Phone #	How Long Has This Account Been Open?

EQUIPMENT DESCRIPTION:

Equipment Cost: \$ _____
Vendor/Supplier Cruvinet Wine Systems
Contact Name: Matt Kuehnis Phone#: 775-827-4044
Equipment Type: _____

Term Requested (circle one):
12 – 24 – 36 – 48 – 60 – 72

DECLARATION:

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes Partners Capital Group, to obtain from third parties, information it deems necessary to arrive at a decision regarding this Application. By signing below, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes Partners Capital Group, its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. I authorize all deposit, borrowing, financial and trade information to be released by telephone or fax. A photocopy or fax of this authorization shall be valid as the original. To help fight terrorism and money laundering, Federal Law requires banks to verify the information you provide, which may include driver's license or other documents, to identify you.

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