

# BLUE STREET CAPITAL

## Business Credit Application

2120 Main St, Suite 160- Huntington Beach, CA 92648  
 DIRECT: 714-316-1594 FAX: 714-960-0200  
[www.bluestreetcapital.com](http://www.bluestreetcapital.com)

DATE: \_\_\_\_\_

<b>LESSEE FULL COMPANY NAME</b>		<b>DATE ESTABLISHED</b> (CURRENT OWNERSHIP)	<b>WEB PAGE ADDRESS</b>	
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>TRADE STYLE OR NAME</b>		<b>EMAIL ADDRESS</b>	<b>TELEPHONE</b>	<b>FAX</b>
<b>BUSINESS STRUCTURE</b> <small>Check Box or specify</small>		<b>NATURE OF BUSINESS</b>		<b>STATE OF INCORPORATION</b>
<input type="checkbox"/> <small>Partnership</small> <input type="checkbox"/> <small>Partnership</small> <input type="checkbox"/> <small>Corporation</small> <input type="checkbox"/> <small>LLC</small> <input type="checkbox"/> <small>OTHER</small> Specify other: _____		<b>FEDERAL TAX NO.</b>		

### GUARANTORS / OWNERS

(1)

(2)

(3)

NAME			
STREET			
CITY, STATE, ZIP			
HOME NUMBER			
SOCIAL SECURITY NUMBER			
TITLE			
% OF OWNERSHIP		%	%
SIGNATURE (I agree to the authorization to obtain consumer credit report below)			

### BANK REFERENCES

CITY/STATE

PHONE NUMBER

CONTACT

ACCOUNT #

TYPE


### VENDOR NAME

ADDRESS

CITY

STATE

ZIP

CONTACT NAME & PHONE NUMBER	RESALE #
EQUIPMENT DESCRIPTION	TERM REQUESTED
EQUIPMENT LOCATION (IF DIFFERENT FROM ADDRESS ABOVE)	TOTAL INVOICE WITHOUT TAX

### Authorization to Obtain Consumer Credit Report

By signing this application, each individual(s), who is either a principal of the credit applicant listed below or a personal guarantor of its obligations, provides written instruction to Blue Street Capital, LLC or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photo static or facsimile copy of this authorization shall be valid as the original.

Signature: X \_\_\_\_\_ DATE \_\_\_\_\_

Name (please print): \_\_\_\_\_ TITLE \_\_\_\_\_