This Application is Form-Fillable



One Minute Credit Application

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vice i resident of dates	Apply Now (Click Here) A+ Rating
Company Information	
Name of Business (Legal Name)	Business Phone Number
Business Street Address	Cell Phone Number
City State Zip	Email
Date Business Established	Authorized Signature Title
Tax I.D. No. If MD License #	Type of Business (Select One)
	Sol Prop. Corporation
Personal II	nformation
Name of Owner	Social Security Number Percentage of Ownership
Home Street Address	Email
City	State Zip
Name of Co-Owner (If Applicable)	Social Security Number Percentage of Ownership
Home Street Address	Email
City	State Zip
Vendor a	
Vendor	Finance Amount Equipment
Vendor Phone Number	Term Requested (Select One)
	New Used
The undersigned represents that this application is for credit for business purposes only and all information provided with this Application is true and correct, and hereby authorizes Partners Capital Group, Inc. and its designee, assigns or potential assigns and its and their affiliates or any lending source to whom this application is submitted (collectively, "Creditors") to obtain from credit bureaus and other third parties, and share, information any of them deems necessary to arrive at a decision regarding this Application, including credit and criminal background checks. By signing below, the applicant and undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes all such Creditors to review and share its/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. Additionally, this authorization permits Creditors to share and exchange information and to request, obtain and review bank, financial or other information from past, present or potential Creditors. 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. Adverse Action/ECOA. If this application for business credit is denied, you have a right to a written statement of the specific reasons for the denial. To obtain the statement, please contact our customer service department at Partners Capital Group, Inc. within 60 days from the date you are notified of our decision. Our mailing address is 201 E Sandpointe #500 Santa Ana, CA 92707. We will send you at written statement of reasons for denial within 30 days of receiving your request for the statement. The	
Owner Signature	Date
Co-Owner Signature	Date