



CREDIT APPLICATION

24040 Camino Del Avion #A286
 Monarch Beach, CA 92629
 949.488.0841 telephone
 949.488.0894 fax
 email: info@bdmfinance.com

Complete online and either:

- 1) Print and fax to BDM; or
- 2) Print, scan and email to BDM

COMPANY INFORMATION						
FULL COMPANY NAME		DATE ESTABLISHED <small>(CURRENT OWNERSHIP)</small>		WEB PAGE ADDRESS		
ADDRESS			CITY		STATE ZIP CODE	
TRADE STYLE OR NAME		EMAIL ADDRESS		TELEPHONE FAX		
BUSINESS STRUCTURE <small>Check Box Or Specify</small> Proprietorship Partnership Corporation LLC OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <small>Specify Other: _____</small>		NATURE OF BUSINESS			STATE OF INCORPORATION	
		FEDERAL TAX NO.				
GUARANTORS / OWNERS						
NAME	1		2		3	
STREET						
CITY, STATE, ZIP						
HOME NUMBER						
SOCIAL SECURITY NUMBER / FICO/ <small>Date of Birth</small>	/ /		/ /		/ /	
TITLE						
% OF OWNERSHIP		%		%	%	
SIGNATURE (I agree to the authorization to obtain consumer credit report below)	X		X		X	
CREDIT REFERENCES						
BANK	CITY/STATE	PHONE NUMBER	CONTACT	ACCOUNT #	TYPE	
MAJOR TRADE ACCOUNTS	CITY/STATE	PHONE NUMBER	CONTACT	ACCOUNT		
LOAN / LEASE REFERENCES	CITY/STATE	PHONE NUMBER	CONTACT	ACCOUNT		
VENDOR INFORMATION						
VENDOR NAME	ADDRESS		CITY	STATE	ZIP	
CONTACT NAME & PHONE NUMBER				RESALE #		
EQUIPMENT DESCRIPTION			NEW <input type="checkbox"/>	USED <input type="checkbox"/>	TERM REQUESTED 24, 36, 48, or 60 Months	
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 BDM Financial Services, inc. 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. A photo static or facsimile copy of this authorization shall be valid as the original.

Signature: X _____ DATE _____
 Name (please print): _____ TITLE _____