



# Edson Financial, Inc

2701 East Imperial Highway, Brea, CA 92821-6713  
(877) 99-EDSON--Fax (714) 986-3990

## Credit Application

PAGE 1 OF 2

Legal Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

Yrs in Business: \_\_\_ Yrs. in Industry: \_\_\_ BORROWER is a (circle one) Corporation Sole Proprietorship Partnership LLC

Start-up: Yes Stockholders: \_\_\_\_\_ % of ownership Federal Tax I. D. # \_\_\_\_\_ State of Entity: \_\_\_\_\_

Current Fleet Size – No. of Vehicles: \_\_\_\_\_ Gross Annual Revenue: \$ \_\_\_\_\_ for year ending 200 \_\_\_\_\_

### Equipment Description # of units to be financed: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model : \_\_\_\_\_ Serial Number: \_\_\_\_\_

Description: \_\_\_\_\_ Mileage \_\_\_\_\_

Sales Price:\$ \_\_\_\_\_ Down Payment:\$ \_\_\_\_\_ Amount to Finance:\$ \_\_\_\_\_

Term Requested: 24 36 48 60 months • Replacement or Expansion • New or Used (circle one)

### Principal Information

Applicants Name: \_\_\_\_\_ Social Security# \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Residence: Own or Rent Mortgage/Rent \$ \_\_\_\_\_ Mortgage Holder \_\_\_\_\_

How Long at Current Address: \_\_\_\_\_ Current Employer: \_\_\_\_\_ How Long? \_\_\_\_\_ Annual Income:\$ \_\_\_\_\_

Have you ever declared bankruptcy? \_\_\_\_\_ If yes, when? \_\_\_\_\_ Have you ever had a repossession? \_\_\_\_\_

Name and Address of Applicant's Nearest Relatives/Friends not in Household:

1) \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

2) \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Social Security# \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Residence: Own or Rent Mortgage/Rent \$ \_\_\_\_\_ Mortgage Holder \_\_\_\_\_

How Long at Current Address: \_\_\_\_\_ Current Employer: \_\_\_\_\_ How Long? \_\_\_\_\_ Annual Income:\$ \_\_\_\_\_

Have you ever declared bankruptcy? \_\_\_\_\_ If yes, when? \_\_\_\_\_ Have you ever had a repossession? \_\_\_\_\_

Name and Address of Applicant's Nearest Relatives/Friends not in Household:

1) \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

2) \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

In connection with the above referenced Financing (and any update, extension, modification, renewal or review thereof if such Financing is granted), each of the undersigned hereby certifies that the above information is true and correct and authorizes Edson Financial, Inc. "(and/or its assigns)" and each of its affiliates to make all inquiries it deems necessary to verify the accuracy of information provided by the undersigned and/or to determine the undersigned's creditworthiness including, without limitation, obtaining personal and/or business credit reports regarding the undersigned. Each of the undersigned hereby acknowledges that Edson Financial, Inc. "(and/or its assigns)" will obtain a personal credit report concerning them and authorizes all parties contacted to release credit and financial information requested as part of said investigation.

Applicant Signature: \_\_\_\_\_ Print Name : \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



PLEASE FILL IN ALL BLANK SPACES

**Bank Reference:**

Name of Bank \_\_\_\_\_ Account Number \_\_\_\_\_ Phone# \_\_\_\_\_

Name of Bank \_\_\_\_\_ Account Number \_\_\_\_\_ Phone# \_\_\_\_\_

**Client References:**

1. \_\_\_\_\_ How Long? \_\_\_\_\_ 2. \_\_\_\_\_ How Long? \_\_\_\_\_

3. \_\_\_\_\_ How Long? \_\_\_\_\_ 4. \_\_\_\_\_ How Long? \_\_\_\_\_

**Client Base:** Corp Accts: \_\_\_\_\_% Entertainment: \_\_\_\_\_% Other: \_\_\_\_\_%

**Equipment Profile: Fleet Description and Finance Sources:**

Year	Make	Model	Finance Company	Acct Number	Monthly Payment

Total Number of Vehicles: \_\_\_\_\_

HOURLY RATE CHARGED: Limousines \$ \_\_\_\_\_ Sedans \$ \_\_\_\_\_

Passenger Buses \$ \_\_\_\_\_ Limousine Buses \$ \_\_\_\_\_

**Employees:** F/T Drivers: \_\_\_\_\_ P/T Drivers: \_\_\_\_\_ Office Staff: \_\_\_\_\_

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