



**TRINEX CAPITAL a Division of
TRINEX COMMERCIAL FINANCE, Inc.**

CREDIT VERIFICATION
2101 E FOURTH ST., SUITE 230A
SANTA ANA, CA 92705
Tel: 714-550-9180
Fax: 714-550-9181
Online Application

Customer Information

Legal Name of Company: _____
 Physical Address: _____
 City: _____ State: _____ Zip: _____ Years in Business: _____
 Phone: _____ Fax: _____ Years in Business Under Current Ownership: _____
 Company Profile: Non-profit Corporation Partnership
 Proprietorship LLC Other Federal Tax ID: _____

Bank Information

Name of Bank: _____ Contact: _____
 Phone #: _____ Checking Acct #: _____ Date Est.: _____
 Savings Acct #: _____ Other Acct #: _____

Principal Information (on owners, officers, partners, or guarantors)

Name: _____ Title: _____ Soc Sec No: _____
 Home Address: _____ % Owned: _____
 City: _____ State: _____ Zip Code: _____
 Name: _____ Title: _____ Soc Sec No: _____
 Home Address: _____ % Owned: _____
 City: _____ State: _____ Zip Code: _____

*Please print another copy of the application for additional principals.

Credit History (has the company or any guarantor ever:)

Filed for bankruptcy? Yes No Had any charge-offs or collection accounts? Yes No
 Had a lien placed against them? Yes No Subject to any blanket liens? Yes No
 Have any open judgments or suits? Yes No Reported company financials to 3rd party sources? Yes No

Comparable Credit (past leases and loans)

Lending Source: _____ Acct #: _____ Phone #: _____
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Declaration

Applicant warrants that all credit and financial information submitted to Trinex Commercial Finance, Inc.(TCFI) herewith or at any time is true and correct, and authorizes TCFI and/or its assigns, to investigate applicants credit worthiness as may needed. The undersigned authorizes all banking institutions, credit reporting agencies and its agents to release all necessary information via telephone, mail, email, or facsimile as requested, for the purpose of securing financing.

Customer Name _____ Title: _____

Customer Signature: _____ Date: _____