

Ascend Credit Corporation — Credit Application

1701 Harbor Bay Parkway • Alameda, CA 94502 • Tel 510.747.2709 • FAX 510.747.2528

Company Name _____ Start Date _____

Business Address _____

Business Description _____

Phone () _____ Fax () _____

Bank References

Bank _____ Phone () _____

Contact _____ Account No. _____

Bank _____ Phone () _____

Contact _____ Account No. _____

Trade References

Company Name _____ Phone () _____

Contact _____ Account No. _____

Company Name _____ Phone () _____

Contact _____ Account No. _____

Company Name _____ Phone () _____

Contact _____ Account No. _____

Personal Information on Owners or Officers

Name _____ Title _____ Social Security No. _____

Home Address _____

Signature to authorize release of any credit information to Ascend Credit Corporation

Name _____ Title _____ Social Security No. _____

Home Address _____

Signature to authorize release of any credit information to Ascend Credit Corporation

Name _____ Title _____ Social Security No. _____

Home Address _____

Signature to authorize release of any credit information to Ascend Credit Corporation

Transaction Information

Estimated Equipment Purchase Price _____

Important Notice: By completing and signing this application you hereby authorize Ascend Credit Corporation, its agent or assigns to investigate your company's credit. You authorize the release of bank financial information necessary to complete this credit investigation. You also warrant that the information provided above is true and accurate and you are authorized to sign this application for your company.

Signature and Authorization to Release Information

Name _____ Date _____