



VMC Holdings Group Corp.  
 9667 Owensmouth Ave.  
 Chatsworth, CA 91311  
 Phone: (818) 993-1466 Fax: (818) 993-5557

# Credit Application

## Company Information:

Company Name:		DBA (if different):		
Address:		City:	State:	Zip:
Contact Person:		Title:	Contact Email:	
Phone:	Fax:	Cell:	Fed Tax ID #:	
Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship		State of Inc.:	DUNS #:	
Description of Business:		Time in Business:	No. of Employees:	

## Personal Information:

Principal or Officer #1	Title:	SSN:	Home:	Ownership %
Principal or Officer #2	Title:	SSN:	Home:	Ownership %

## Reference Info:

Present Bank Name:	Bank Contact:	Branch:	Phone #:	Account #:
2nd Bank Name:	Bank Contact:	Branch:	Phone #:	Account #:
Trade References #1:	Reference Address:	Contact Name:	Phone:	
Trade References #2:	Reference Address:	Contact Name:	Phone:	
Trade References #3:	Reference Address:	Contact Name:	Phone:	

## Lease Information:

Description Of Equipment:	Lease Terms: <input type="checkbox"/> 24 Month <input type="checkbox"/> 36 Month <input type="checkbox"/> 48 Month <input type="checkbox"/> 60 Month		
Equipment Cost:	Payment Amount:	Purchase Options: <input type="checkbox"/> \$1.00 <input type="checkbox"/> 10% <input type="checkbox"/> FMV	



VMC Holdings Group Corp.  
9667 Owensmouth Ave.  
Chatsworth, CA 91311  
Phone: (818) 993-1466 Fax: (818) 993-5557

# Credit Application

## Credit Information Release Authorization:

To Whom It May Concern:

By signing below, each undersigned individual(s), who is either a principle of the credit applicant listed below or a personal guarantor of its obligations, provides written instruction to Lessor or 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 renewal or extension of such credit and for reviewing or collecting the resulting account. A photocopy or facsimile copy of this authorization shall be as valid as the original. In addition to authorizing review of My/Our credit profile from any national credit bureau the undersigned also authorizes My/Our financial institutions and creditors to release credit information required by Lessor or its designee (and any assignee or potential assignee thereof).

Your cooperation in promptly responding to any such inquires would be greatly appreciated.

Legal Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_