

**Cornerstone Capital - Equipment Financing & Leasing**

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**COMPANY INFORMATION**

_____		(_____) _____	
Complete Legal Name of Business		Office Phone	
_____		(_____) _____	
Street Address		Office Fax	
_____	_____	_____	_____
City	State	Zip Code	Years Under Current Ownership
TYPE OF BUSINESS: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____			
Federal Tax Id: _____		Cell Phone Number: (_____) _____	

**PERSONAL INFORMATION**

_____	_____	_____	_____ %
Name (First, Last)	Title	Social Security No.	Ownership
_____	_____	_____	_____
Home Address	City	State	Zip
_____	_____	_____	_____ %
Name (First, Last)	Title	Social Security No.	Ownership
_____	_____	_____	_____
Home Address	City	State	Zip

Are you a homeowner? YES / NO (Please Circle)      Business Property: OWN / LEASE

Equipment Description (NEW or USED): \_\_\_\_\_      Equipment Amount: \$ \_\_\_\_\_

\_\_\_\_\_      Desired Term: 24 / 36 / 48 / 60 / 72

Vendor Name: \_\_\_\_\_      Phone: \_\_\_\_\_

**DECLARATION**

Authorization: Applicant warrants that all the information provided Lessor is true and correct, and authorizes Cornerstone Capital and its assignees to investigate applicant's credit worthiness as may be needed. The undersigned authorizes all banking institutions, credit reporting agencies, trade references and its agents to release all necessary information via telephone, mail or facsimile as requested, for the purpose of securing a lease, updating, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account.

**Applicant 1:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant 2:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date:** \_\_\_\_\_