

**BUSINESS CREDIT APPLICATION**

**BRIAN ACOSTA**

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|                             |   |             |           |                          |                |                                       |
|-----------------------------|---|-------------|-----------|--------------------------|----------------|---------------------------------------|
| <b>BUSINESS INFORMATION</b> | Legal Business Name                         |             |           | DBA Name (if applicable) |                |                                       |
|                             | Business Street Address/City/State/Zip Code |             |           |                          |                |                                       |
|                             | Corporation                                 | Partnership | LLC       | State of Incorporation   | # of Employees | Federal Tax ID #                      |
|                             | Proprietorship                              | Other _____ |           |                          |                |                                       |
|                             | Type of Business (Industry)                 |             |           |                          |                | Years in Business (Current Ownership) |
| Primary Contact             |   |             | Phone No. | Email Address            |                |                                       |

|                              |                                  |  |                |                     |                        |
|------------------------------|----------------------------------|--|----------------|---------------------|------------------------|
| <b>OWNERSHIP INFORMATION</b> | First Owner's Full Name          |  | Title          | % Ownership         | Social Security No.    |
|                              | Home Address/City/State/Zip Code |  |                | Home Rent Own       | Birth Date (Mo/Day/Yr) |
|                              | E-mail Address                   |  | Home Phone No. | U.S. Citizen Yes No | Cell Phone No.         |
|                              | Second Owner's Full Name         |  | Title          | % Ownership         | Social Security No.    |
|                              | Home Address/City/State/Zip Code |  |                | Home Rent Own       | Birth Date (Mo/Day/Yr) |
|                              | E-mail Address                   |  | Home Phone No. | U.S. Citizen Yes No | Cell Phone No.         |

|              |                             |           |           |           |           |             |
|--------------|-----------------------------|-----------|-----------|-----------|-----------|-------------|
| <b>TERMS</b> | Finance Options (check box) | 24 Months | 36 Months | 48 Months | 60 Months | Other _____ |
|--------------|-----------------------------|-----------|-----------|-----------|-----------|-------------|

Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes you, to whom this application is made, or your agents or assigns, to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim, which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

All approvals are subject to the verification of time in business and a complete description of the equipment. Each signer will submit a copy of his or her driver's license.

|                         |                                |               |
|-------------------------|--------------------------------|---------------|
| X<br>_____<br>Signature | _____<br>Signer's Printed Name | _____<br>Date |
| X<br>_____<br>Signature | _____<br>Signer's Printed Name | _____<br>Date |