WHCapital Leasing

CREDIT APPLICATION

Customer Information				
Customer Legal Name:		DBA:		
Address:		Contact Name & Title	Years in Business	
City, State & Zip		Phone:	Fax:	
C-Corp S-Corp LP LLC		Email Address:		
Headquarters Location (if different from above):		Web-Site/Home Page Address:		
List all stockholders, partr		ners and/or other owners		
Name & Title:		Name & Title:		
Address:		Address:		
Phone:	Fax:	Phone:	Fax:	
% of Ownership:	SS#:	% of Ownership:	SS#:	
Name & Title:		Name & Title:		
Address:		Address:		
Phone:	Fax:	Phone:	Fax:	
% of Ownership:	SS#:	% of Ownership:	SS#:	
Lease/Loan Reference I (Lease or Installment Debt)		Lease/Loan Reference II (Lease or Installment Debt)		
Reference:		Reference:		
Contact:		Contact:		
Phone:	Fax:	Phone:	Fax:	
Acct. #:	Date Open:	Acct. #:	Date Open:	
🗆 Lease 🛛 Loan		🗆 Lease 🛛 Loan		
Bank Reference I (Checking and Savings Accounts)		Bank Reference II (If other bank relationship < 2 years old)		
Reference:		Reference:		
Contact:		Contact:		
Phone:	Fax:	Phone:	Fax:	
Checking/Savings Account #:	Date Open:	Checking/Savings Account #:	Date Open:	
Trade Reference I (Largest Vendor/Supplier)		Trade Reference II (Second Largest Vendor/Supplier)		
Reference:		Reference:		
Contact:		Contact:		
Phone:	Fax:	Phone:	Fax:	
Acct. #:	Date Open:	Acct. #:	Date Open:	

I/We have applied for financing from Woodrich Holdings LLC.("WH") and/or its assignee or funding partner(s) (collectively "WH"). In applying for financing, I/We have completed the above information. I/We understand that WH reserves the right to verify the information provided herein with the aforementioned lease, trade, bank or other references. I/We hereby authorize: (i) the aforementioned bank, lease, trade or other references to release financial, credit history and any and all other information and documentation to WH as it requests; (ii) WH to obtain credit reports; (iii) WH to disclose any and all information to potential investors, agents and consultants involved in the financing process. The undersigned warrants that the above information is current, true, accurate and complete in respects and that he/she has full authority to bind the applicant. A copy of this authorization may be accepted as an original.

Signature

Date

Printed Name