



Finance One, Inc.
 801 S. Grand Ave., Suite 1000, Los Angeles, CA 90017
 Tel: 213-430-4888 <http://www.finone.com>

CREDIT APPLICATION

Date: _____

VENDOR: _____ PO #: _____ AMOUNT: _____

Accounts are factored by Finance One, Inc.
 Send complete application via Fax to: 213-430-4862 / 888-377-0286 • or by E-mail: credit@finone.com

Applicant Legal Business Name _____ DBA _____

Street Address _____ Billing Address _____

City _____ State _____ Zip _____ Corporation Type: C Corporation

Phone # _____ Cell # _____ LLC Corp. S Corporation

Fax # _____ E-mail: _____ Partnership Proprietorship

State of Organization _____

DUNS# _____ Federal Tax ID# _____ Year Business Organized _____

Accountant's Name _____ Accountant's Phone # _____

ATTACH A COPY OF MOST CURRENT FINANCIAL STATEMENTS (INCOME STATEMENT AND BALANCE SHEET) OR BUSINESS TAX RETURNS

Principal/Owner's Name

Position/Title

--	--

NAME OF BANK(S)/FACTOR(S)

Name:	Telephone #:	Contact Name:	Phone #:
Account #:	Fax #:	Borrowing: Yes/No	Type:
Average Balance:	Month/Yr. Opened:	Secured: Yes/No	Guaranteed: Yes/No

Name:	Telephone #:	Contact Name:	Phone #:
Account #:	Fax #:	Borrowing: Yes/No	Type:
Average Balance:	Month/Yr. Opened:	Secured: Yes/No	Guaranteed: Yes/No

NAME OF SUPPLIERS

Name:	Account #:	Street Address:		
Telephone #:	Fax #:	City:	State:	Zip:

Name:	Account #:	Street Address:		
Telephone #:	Fax #:	City:	State:	Zip:

The Applicant hereby authorizes, without reservation, any of the Applicant's suppliers, banks, factors or other creditors (individually, a "Releasing Party") contacted by Finance One, Inc. and/or its agent to furnish the above-mentioned information to Finance One, Inc. and/or its agent. Finance One, Inc. and/or its agent are authorized to provide this Credit Application to any Releasing Party upon such Releasing Party's request.

 Principal's Signature (Responsible for Operations)

 Principal's Name & Title (Please Print)

 Date