

This Application is Form-Fillable



One Minute Credit Application

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Apply Now 
(Click Here)



Company Information

Name of Business (Legal Name)			Business Phone Number		
<input type="text"/>			<input type="text"/>		
Business Street Address			Cell Phone Number		
<input type="text"/>			<input type="text"/>		
City	State	Zip	Email		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date Business Established			Authorized Signature		Title
<input type="text"/>			<input type="text"/>		<input type="text"/>
Tax I.D. No.	If MD License #		Type of Business (Select One)		
<input type="text"/>	<input type="text"/>		Sol Prop. <input type="radio"/> LLC <input type="radio"/> Corporation <input type="radio"/>		

Personal Information

Name of Owner		Social Security Number	
<input type="text"/>		<input type="text"/>	
Home Street Address		Percentage of Ownership	
<input type="text"/>		<input type="text"/>	
City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name of Co-Owner (If Applicable)		Social Security Number	
<input type="text"/>		<input type="text"/>	
Home Street Address		Percentage of Ownership	
<input type="text"/>		<input type="text"/>	
City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Vendor and Terms

Vendor	Finance Amount	Equipment
<input type="text"/>	<input type="text"/>	<input type="text"/>
Vendor Phone Number	Term Requested	(Select One)
<input type="text"/>	<input type="text"/>	New <input type="radio"/> Used <input type="radio"/>

The undersigned represents that all information provided with this application is true and correct and hereby authorizes Partners Capital Group Inc. to obtain from third parties, information it deems necessary to arrive at a decision regarding this application. By signing below, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes Partners Capital Group Inc., its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this application and for the purpose of update, renewal, or extension of credit to the application or the collection of any resultant accounts. I authorize all deposit, borrowing, financial and trade information to be released by telephone or fax. A photocopy or fax of this authorization shall be valid as the original. To help fight terrorism and money laundering, Federal Law requires banks to verify the information you provide, which may include driver's license or other documents, to identify you.

Owner Signature	Date
<input type="text"/>	<input type="text"/>
Co-Owner Signature	Date
<input type="text"/>	<input type="text"/>