

# Credit Application

**Chesterfield  
Financial Corp.**

**CORPORATE HEADQUARTERS**  
16091 SWINGLEY RIDGE RD, STE. 180  
CHESTERFIELD, MO 63017-1784



**Application Hot Line 800-822-6289**  
**Fax 636-532-7430**  
**www.cfclease.com**

## DEALER / DISTRIBUTOR INFORMATION

Vendor's Name <b>Extreme Security</b>	Contact <b>Ramin</b>	Phone # <b>909-599-2800</b>	Fax # <b>909-599-2844</b>
Street <b>283 West Allen Ave.</b>	City <b>San Dimas</b>	State <b>California</b>	Zip <b>91773</b>

## PAYMENT PLAN

Lease Term (In Months)	Factor Used	Lease Payments (Does not include taxes)	<input type="checkbox"/> Fair Market Value <input type="checkbox"/> 10% Pre-Paid <input type="checkbox"/> 10% Purchase Option <input type="checkbox"/> \$1.00 Purchase Option	Security Deposit / Advance Payments
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## EQUIPMENT TO BE LEASED (Attach separate list if necessary.)

Description (include make, model, serial #'s and any attachments)	Equipment Cost
	\$
	\$

## LESSEE (Complete legal name of entity. If a corporation, use EXACT registered corporate name.)

Company Name	DBA			
Billing Address	City	County	State	Zip
Telephone #	Contact Person	Title		
Nature of Business	Type of Business: <input type="checkbox"/> Corporation (In State of _____) <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership			Years in Business <i>(present ownership)</i>
Last Full Years Revenue _____		Last Full Years Net Income _____		
Total Assets _____		Total Liabilities _____		

## PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS

Name	Title	Social Security #
Home Address	City	State    Zip    Home Phone #
Name	Title	Social Security #
Home Address	City	State    Zip    Home Phone #

## TRADE REFERENCES – TWO YEAR HISTORY

Name of Supplier	City/State	Phone #	Contact Person

## COMPANY BANK REFERENCES – TWO YEAR HISTORY

Name of Bank / Branch	City / State	Account Numbers	Phone #	Contact Officer
		Chkg. Acct.		
		Loan Acct.		
		Chkg. Acct.		
		Loan Acct.		

I/we hereby authorize you to whom this application is made or your agents to investigate my/our financial responsibility and creditworthiness and will provide financial statements, tax returns, etc. as you deem necessary. I/we stand advised that the Security Deposit is not refundable unless application is rejected by Lessor.

Date \_\_\_\_\_ Signature/Title \_\_\_\_\_