



**TRINEX CAPITAL a Division of  
TRINEX COMMERCIAL FINANCE, Inc.**

**CREDIT VERIFICATION**  
2101 E FOURTH ST., SUITE 230A  
SANTA ANA, CA 92705  
Tel: 714-550-9180  
Fax: 714-550-9181

**Customer Information**

Legal Name of Company: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Years in Business Under Current Ownership: \_\_\_\_\_  
 Company Profile:  Non-profit  Corporation  Partnership  
 Proprietorship  LLC  Other Federal Tax ID: \_\_\_\_\_

**Bank Information**

Name of Bank: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Checking Acct #: \_\_\_\_\_ Date Est.: \_\_\_\_\_  
 Savings Acct #: \_\_\_\_\_ Other Acct #: \_\_\_\_\_

**Principal Information (on owners, officers, partners, or guarantors)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Soc Sec No: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ % Owned: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_ Soc Sec No: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ % Owned: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Please print another copy of the application for additional principals.

**Credit History (has the company or any guarantor ever:)**

Filed for bankruptcy?  Yes  No Had any charge-offs or collection accounts?  Yes  No  
 Had a lien placed against them?  Yes  No Subject to any blanket liens?  Yes  No  
 Have any open judgments or suits?  Yes  No Reported company financials to 3<sup>rd</sup> party sources?  Yes  No

**Comparable Credit (past leases and loans)**

Lending Source: \_\_\_\_\_ Acct #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Lending Source: \_\_\_\_\_ Acct #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Lending Source: \_\_\_\_\_ Acct #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Declaration**

Applicant warrants that all credit and financial information submitted to Trinex Commercial Finance, Inc.(TCFI) herewith or at any time is true and correct, and authorizes TCFI and/or its assigns, to investigate applicants credit worthiness as may needed. The undersigned authorizes all banking institutions, credit reporting agencies and its agents to release all necessary information via telephone, mail, email, or facsimile as requested, for the purpose of securing financing.

Customer Name \_\_\_\_\_ Title: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_