

This Application is Form-Fillable



# Brain Ultimate

## One Minute Credit Application

**Clean Israel**  
VP of National Accounts

**Direct: (206) 486-3909**  
**Fax: (949) 916-3901**

**CIsrael@PartnersCapitalGrp.com**

**Apply Now**  
(Click Here)



**A+ Rating**

### Company Information

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

### Personal Information

Name of Owner		Social Security Number	Percentage of Ownership
Home Street Address		Email	
City	State	Zip	
Name of Co-Owner (If Applicable)		Social Security Number	Percentage of Ownership
Home Street Address		Email	
City	State	Zip	

### Vendor and Terms

Vendor	Finance Amount	Equipment
Vendor Phone Number	Term Requested	(Select One)
		New Used

The undersigned represents that this application is for credit for business purposes only and all information provided with this Application is true and correct, and hereby authorizes Partners Capital Group, Inc. and its designee, assigns or potential assigns and its and their affiliates or any lending source to whom this application is submitted (collectively, "Creditors") to obtain from credit bureaus and other third parties, and share, information any of them deems necessary to arrive at a decision regarding this Application, including credit and criminal background checks. By signing below, the applicant and undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes all such Creditors to review and share its/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 Applicant or the collection of any resultant accounts. Additionally, this authorization permits Creditors to share and exchange information and to request, obtain and review bank, financial or other information from past, present or potential Creditors. 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. Adverse Action/ECOA. If this application for business credit is denied, you have a right to a written statement of the specific reasons for the denial. To obtain the statement, please contact our customer service department at Partners Capital Group, Inc. within 60 days from the date you are notified of our decision. Our mailing address is 201 E Sandpointe #500 Santa Ana, CA 92707. We will send you a written statement of reasons for denial within 30 days of receiving your request for the statement. The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, gender, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning us is Federal Trade Commission, Equal Credit Opportunity, Washington DC 20580.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Owner Signature \_\_\_\_\_ Date \_\_\_\_\_