

47 Kearny St. San Francisco, CA 94108 Tel. (415) 981-5780 Fax (415) 296-0725

## COMMERCIAL CREDIT APPLICATION

	BUSINESS	SINFORMATION			
Name of Business					
Name of Business					
Type of Business	Tax Ident	tification Number			
Business Address	Street City	Stat	te	Zip	
Please provide Y	Y-T-D Financial Statements including	ng Balance Sheet a	nd Operati	ing Statement fo	or past 2 years.
□ S Co	rporation □C Corporation □LLC □Sole	Proprietorship □Gen	eral Partners	hip □Lmt. Partne	ership
	PERSONA	L INFORMATION			
MrMrs.	Ms.	Mr.	MrsN	Ms.	
First Name	MI Last Name	First Name	MI	Last Name	
Social Security Numb	per Date of Birth	Social Security Nu	ımber	Date of Birth	
Residence Address (N	Jumber/Street)	Residence Address	s (Number/S	treet)	
City (	State Zip	City	State	Zip	
Home Telephone	Business Telephone	Home Telephone		Business Teleph	ione
() Fax	E-Mail	Fax	E-Mail		
	Prior Ro	esidence Address			
Address (Number/Str	eet)	Address (Number	/Street)		
City	State Zip	City	State	Zip	
()_ Home Telephone	Business Telephone	Home Telephone		Business Teleph	ione
	EMPLOY	MENT HISTORY			
Name of Former Employer Business Phone		Name of Former I	Employer		Business Phone
Address Street		Address Street			
City	State Zip	City	State	Zip	
Position/Title	Date of Employment	Position/Title	Date of	f Employment	

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	OTHER INFORMATIO	N	
1. 2. 3. 4. 5. 6. 7.	Are any assets pledged or debts secured except as shown? Have you ever had a repossession? Have you ever had a bankruptcy or had a judgement against you? Are you party to any claims or suits? Have you ever had a foreclosure? Have you ever been the defendant in an unlawful detainer(eviction)action? If yes to any of the above, please explain:		NoNoNoNoNo
Ide	VERIFICATION OF APPLICANT IDENTIFCATION (Corase provide the identification number for at least two valid forms of picture intification card, etc.  Application 4 1 1st Form of ID  Application 1 1st Form of ID	ID, i.e., Drivers	·
	2 <sup>nd</sup> Form of ID		n of ID

# HANFORD•FREUND & COMPANY COMMERCIAL CREDIT APPLICATION

# **Personal Financial Statement**

	HOW		HOW					
ASSETS	HELD	AMOUNT	LIABILITIES	HOW HELD	AMOUN T			
540		\$	Taxes Payable		\$			
Bank Name:								
Bank Account #								
Bank Name:								
Bank Account #								
Securities Owned (Attach Statement)		\$	Revolving Contract (Schedule 4)		\$			
Life Insurance		\$	Inst. Contracts/ Notes Payable		\$			
Life Insurance Co.:		Ψ	mst. contracts/ Notes i ayable		+			
Policy #:			Loans on Life Insurance		\$			
Policy #.			Loans on Life insurance		, a			
		\$						
Real Estate )Schedule 1)		\$			1.			
Fair Market Value		\$	Auto Loans		\$			
Notes Mortgages & Deeds		\$						
of Trust Owned (Schedule 3)								
			Mortgages or Liens on Real Estate (Schedule 2)		\$			
Other Investments		\$	, ,					
(Ltd. Partnerships)					1			
			Student Loans		\$			
Automobiles		\$						
			Other Liabilities (Detail)		\$			
Personal Property		\$						
Other Assets (Detail)		\$						
					†			
TOTAL ASSETS		\$	TOTAL LIABILITIES		\$			
NET WORTH		\$						
		_1						

				CONTINGENT	
ANNUAL INCOME	AMOUNT	ANNUAL EXPENDITURES	AMOUNT	LIABILITIES	AMOUNT
Employment Applicant	\$	Property Tax / Assessment	\$	As Endorser	\$
Co-Applicant	\$	Income and Other Taxes	\$	As Guarantor	\$
Dividends / Bonds	\$	Mortgage Payments / Rent	\$	On Damage Claims	\$
Interest	\$	Other Contract Payments	\$	Letters of Credit	\$
Alimony, Child Support, or	\$	Living Expenses	\$	Other (Details	\$
Separate Maintenance *	\$	Alimony, Child Support, or	\$		
		Separate Maintenance	\$	Initial Here If None	



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#### **COMMERCIAL CREDIT APPLICATION**

#### **SIGNATURE PAGE & AGREEMENT INFORMATION**

\*Notice: Alimony, child support, or separate maintenance income need not be revealed if the Applicant or Applicant 2 does not choose to have it considered for repaying this loan.

I certify that all of the information provided in or in connection with this application is complete and correct. I authorize Hanford-Freund & Company to obtain any information necessary to process this application and authorize any person or credit reporting agency to complete or furnish to you any information it may have or obtain in response to your credit inquiries \*.

Hanford•Freund & Company will keep all information provided confidential and will not share any credit or financial information with any person or entity without your prior express written permission.

Applicant	Date	Applicant	Date

<sup>\*</sup>I/We understand and agree that the Owner/Lessor may enter into a lease, loan, or sales contract in reliance on the information I/We have provided above. Should any of the information provided by me/us above be misstated or false, Owner/Lessor may deny this application or terminate any agreement entered into in reliance of such misstatements.

#### HANFORD•FREUND & COMPANY COMMERCIAL CREDIT APPLICATION SCHEDULES

## SCHEDULE 1 – REAL ESTATE HOLDINGS (ASSETS)

OF OWNER PROPERTY INCOME OPERATING IN OPERATING INCOME OP	CHEDCEL I RELEE ESTATE HOE	DI (GS (1SSE1S)								<u> </u>		
OF OWNER PROPERTY INCOME OPERATING INCOME  CHEDULE 2 MORTAGES OR LIENS ON REAL ESTATE (LIABILITIES)  NAME OF BORROWER PROPERTY PROPERTY AMOUNT BALANCE PAYMENTS DATE 2 <sup>ND</sup> LENDER ADDRESS  SCHEDULE 3 NOTE RECEIVABLE – MORTGAGE & DEED OF TRUST OWNED (ASSETS)  NAME OF BORROWER ADDRESS OF BORROWER ADDRESS OF LOAN AMT. OF CURRENT MO. P&I DUE 2 <sup>ND</sup> LENDER ADDRESS  SCHEDULE 3 NOTE RECEIVABLE – MORTGAGE & DEED OF TRUST OWNED (ASSETS)  NAME OF BORROWER BORROWER ADDRESS OF LOAN AMT. OF CURRENT MO. P&I ESTATE ENTER SECURED PROPERTY ADDRESS  1		·										
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NAME OF BORROWER  ADDRESS OF PROPERTY  PROPERTY  AMOUNT  BALANCE  PAYMENTS  DUE  1ST OR  1 ENDER  ADDRESS  ADDRESS  ADDRESS  ADDRESS  SCHEDULE 3 NOTE RECEIVABLE – MORTGAGE & DEED OF TRUST OWNED (ASSETS)  NAME OF BORROWER  ADDRESS OF BORROWER  ADDRESS OF LOAN  AMT. OF LOAN  PAYOFF PAYMENTS  AMOUNT  AMOUNT  AMOUNT  MO. P&I IF SECURED BY REAL  ESTATE ENTER SECURED  PROPERTY ADDRESS  1.	OF OWNER	PROPEI	RTY						INCOME	OPERATIN	IG INCOME	
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	2.										+	
SCHEDULE 4 REVOLVING CREDIT	SCHEDULE A DEVOLVING CDED	IT										
CREDITOR'S NAME CREDITOR'S ADDRESS TYPE OF ACCOUNT MONTHLY CREDIT PRESENT ADDITIONAL NOTES  CREDIT NUMBER PAYMENT LIMIT BALANCE NOTES	CREDITOR'S NAME	CREDITOR'S A	DDRESS					_	12			
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