




## HOW TO COMPLETE THIS FORM

-  Complete this form, save it for your records by choosing File>Save As then attach the saved file to an email and send it to [info@birchfinancial.net](mailto:info@birchfinancial.net)  
- OR -
-  Print your completed form for your records and/or fax it to our office: (559) 650-3558  
- OR -
-  Print your completed form and mail it to Birch Financial, Inc., 1835 N. Fine Ave., Fresno, CA 93727

Date  Golden Oak Member #  Contractor Lic #

### Business Information

**Business Name**   
(Exact Legal Name)

**Business Address**

City  State  Zip

Phone  Mobile  Fax

Federal Tax ID #  State of Organization  State of Origin ID#

Business Structure  Equipment Location

### Personal Guarantee(s) of Owners is Required

**Principal**  Title  % Owned

**Home Address**

City  State  Zip

Date of Birth  Social Security #  Phone

**Principal**  Title  % Owned

**Home Address**

City  State  Zip

Date of Birth  Social Security #  Phone

## Credit References Including Banks, Trades, Leases, Loans and Landlord

(Minimum of two years bank history and a minimum of three trade references)

Bank Name	<input type="text"/>	Acct #	<input type="text"/>
Contact	<input type="text"/>	Phone	<input type="text"/>
		Fax	<input type="text"/>
Bank Name	<input type="text"/>	Acct #	<input type="text"/>
Contact	<input type="text"/>	Phone	<input type="text"/>
		Fax	<input type="text"/>
Trade	<input type="text"/>	Acct #	<input type="text"/>
Contact	<input type="text"/>	Phone	<input type="text"/>
		Fax	<input type="text"/>
Trade	<input type="text"/>	Acct #	<input type="text"/>
Contact	<input type="text"/>	Phone	<input type="text"/>
		Fax	<input type="text"/>
Customer References	<input type="text"/>	Acct #	<input type="text"/>
Contact	<input type="text"/>	Phone	<input type="text"/>
		Fax	<input type="text"/>
Customer References	<input type="text"/>	Acct #	<input type="text"/>
Contact	<input type="text"/>	Phone	<input type="text"/>
		Fax	<input type="text"/>

## Equipment and Vendor Information

Vendor Name	<input type="text"/>		
Vendor Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
Equipment Description	<input type="text"/>		
Net Cost \$	<input type="text"/>	Term (Months)	<input type="text"/>

Whether I submit this form as a signed or as a digital version, the undersigned certifies that the above information given for credit purposes is true and correct and authorizes the Company to which this application is made and any Credit Bureau or Investigative agency to investigate the references, statements or other data listed or accompanying this application. The undersigned authorizes all parties contacted to release credit and financial information requested as a part of said investigation.

Applicants Signature	<input type="text"/>	Title	<input type="text"/>	Date	<input type="text"/>
Applicants Signature	<input type="text"/>	Title	<input type="text"/>	Date	<input type="text"/>

If you are submitting this form in digital form, please type your name/s in the box/es provided above.