



Quail Capital Corp

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Toll Free Fax: 888/45QUAIL

www.quailcap.com

BROKER APPLICATION

Attn:

COMPANY INFORMATION

Company (Legal Name) _____ Federal Tax ID _____
 Company Address _____ City _____ State _____ Zip _____
 Signor _____ Title _____ Phone _____ Fax _____
 Nature of Business _____
 Start Date of Business _____ Type of Business: Proprietorship Partnership LLC Corporation LLP Non-Profit

DECLARATION

The information contained on this application, together with any accompanying financial statements, schedules or other materials, is submitted to Quail Capital Corp for the purpose establishing a broker/lessor relationship and is warranted to be true, correct and complete. The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent.

Applicant: _____ Signature _____ Title _____ Date _____

PERSONAL INFORMATION Officers/ Partners/ Guarantors

1) Name _____ Title _____ Social Security No. _____
 Home Address _____ City _____ State _____ Zip _____ Phone _____
 2) Name _____ Title _____ Social Security No. _____
 Home Address _____ City _____ State _____ Zip _____ Phone _____

COMPANY BANK REFERENCE - Five-Year History

Name of Bank/Branch _____ How Long _____ Telephone No. _____
 Checking Acct. No. _____ Contact Officer _____
 Name of Bank/Branch _____ How Long _____ Telephone No. _____
 Checking Acct. No. _____ Contact Officer _____

FUNDING SOURCE REFERENCES

Lender _____	Phone _____	Date Began _____	Annual Volume \$ _____	Broker	Discounter
Lender _____	Phone _____	Date Began _____	Annual Volume \$ _____	Broker	Discounter
Lender _____	Phone _____	Date Began _____	Annual Volume \$ _____	Broker	Discounter
Lender _____	Phone _____	Date Began _____	Annual Volume \$ _____	Broker	Discounter

MARKETING INFORMATION

Equipment Types _____
 # Of Employees _____ Average Monthly Volume \$ _____ Geographic Market _____
 Bureau Reports Used: CBI Experian Trans Union | Scoring Models Used: Beacon / DAS FICO / BRS / NRS EMPIRICA

SEGMENTATION OF BUSINESS

Annual Vol: \$5M - \$75M \$ _____ \$75M - \$250M \$ _____ \$250M + \$ _____
 Total Annual Volume \$ _____ % OF Total _____ From Vendors: | Annual Volume \$ _____ % Of Total _____
 Lessee Direct: Annual Volume \$ _____ % Of Total _____ From Sub Brokers: Annual Volume \$ _____ % Of Total _____