

# Broker Application



Please take a moment to complete the following form so we might better understand your business and leasing needs.

|  |                     |   |                                 |   |                               |
|--|---------------------|---|---------------------------------|---|-------------------------------|
| <b>Broker Information</b>  |                     |   |                                 |   |                               |
| Business Name/Legal Name   |                     |   | Phone Number                    |   | Fax Number                    |
| Address  |                     |   | City                            |   | State                         |
|  |                     |   |                                 |   | Zip Code                      |
| Contact Name/ Mr. Ms. Mrs. (circle one)  |                     |   | Title                           |   | Email Address                 |
| Web Site Address   |                     |   | Tax ID Number                   |   |                               |
| Corporation<br><input type="checkbox"/>  |                     | Partnership<br><input type="checkbox"/> |                                 | Sole Proprietorship<br><input type="checkbox"/> |                               |
|  |                     |   |                                 | Other (list type)<br><input type="checkbox"/>   |                               |
| Yrs in Business  | Number of Employees |   | Average Size Sale               |   | Annual Sales (\$)             |
| Annual Lease Volume (\$)   |                     |   | Leasing Association Membership: |   |                               |
|  |                     |   | <input type="checkbox"/> UAL    | <input type="checkbox"/> EAEL                   | <input type="checkbox"/> UAEL |
|  |                     |   |                                 | <input type="checkbox"/> NAEALB                 |                               |
| <b>Current Funding Sources</b>   |                     |   |                                 |   |                               |
| Source   |                     | Contact                                 |                                 | Phone   |                               |
| Source   |                     | Contact                                 |                                 | Phone   |                               |
| Source   |                     | Contact                                 |                                 | Phone   |                               |
| <b>Bank Reference</b>  |                     |   |                                 |   |                               |
| Bank Name  |                     |   | Account Number(s)               |   | Officer Name                  |
| Address  | City                |   | State                           | Zip Code  | Phone/Fax Numbers             |
| <b>Principal / Owner Information</b>   |                     |   |                                 |   |                               |
| Name / Mr. Ms. Mrs. (circle one)   |                     |   | Title                           |   | SSN                           |
| Address  |                     |   | City                            |   | State                         |
|  |                     |   |                                 |   | Zip Code                      |
| Phone Number   |                     | Email Address                           |                                 |   | Mobile Phone                  |
| Would you like to receive Emails from Baycap? YES <input type="checkbox"/> NO <input type="checkbox"/> |                     |   |                                 |   |                               |

## AUTHORIZATION, REPRESENTATIONS AND WARRANTIES

I hereby authorize and consent to Baycap Inc. and its affiliates investigating and/or obtaining credit reports, employment history, trade-references and information regarding this application and any resulting accounts. If personal information has been provided, Baycap has the right to obtain personal credit reports in connection with my request for credit for this new account, or when Baycap reviews my account.

I hereby warrant and represent that: (a) I have received a signed credit application from the perspective lessee, authorizing Baycap to perform a credit check; and (b) to the best of my knowledge, the information provided in the credit application is not false, inaccurate or misleading.

Baycap, Inc. 423 S. Pacific Coast Hwy Suite 201  
 Redondo Beach CA 90277  
 Phone (310)-944-9900 \*\*\*\*\* Fax (310) 944-9947

# Broker Application



Under penalties of perjury, I certify that: The Taxpayer Identification Number (TIN) on this form is correct; I am not subject to backup withholding due to failure to report interest and dividend income; and I at least 18 years of age, and a U.S. Citizen or permanent resident alien.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Facsimile signatures shall be deemed as fully enforceable valid signatures as if such signature were an original signature as of the date executed.

| Signature | Print Name/Title | Date |
|-----------|------------------|------|
|-----------|------------------|------|

**A signature is required for Baycap, Inc. to process your application.**

Please send completed form via fax: 310-944-9947

**Internal Use:**

|                 |
|-----------------|
| Broker Code(s): |
|-----------------|