



Warren Johnson

310 316 9211

wjohnson@baycap.net

Please fax to 310 944 9947

Customer Information					
Full Legal Business Name / D B A Name					
Billing Address					
INSTALLATION ADDRESS: <input type="checkbox"/> Same as above Other:					
Contact		Phone		Fax	
Web Address			Email Address		
Date Established		Federal Tax ID #		<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Not for Profit	
Principal's Name		Title	Social Security Number	Email Address	
Principal's Address				Ownership Percentage	
Principal's Name		Title	Social Security Number	Email Address	
Principal's Address				Ownership Percentage	
IF THERE ARE ADDITIONAL PRINCIPALS INVOLVED WITH THE BUSINESS, PLEASE ATTACH A SEPARATE LIST					
Bank Reference		Checking Account #		Phone	
Equipment					
<input type="checkbox"/> New <input type="checkbox"/> Used		Credit Amount Requested		General Description	
Term (in months) <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other			Purchase Option <input type="checkbox"/> \$1.00 Buyout <input type="checkbox"/> Fair Market Value <input type="checkbox"/> 10% Residual		
Vendor Information					
Company Name Matthews Cremation Division			Address 2045 Sprint Boulevard • Apopka FL 32703		
Contact		Phone		Email Address	
Authority to Release Information Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes Baycap Inc, its assigns, and/or its affiliates to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim that such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.					
Signature / Title		Signature / Title		Date	

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