



ELECTRIX™

GripTrix/Electrix - Michelle Ward

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CUSTOMER INFORMATION:					
COMPLETE LEGAL NAME OF BUSINESS (including any dba's):		DATE BUSINESS STARTED:		COMPANY STRUCTURE: (CIRCLE ONE) LLC NON-PROFIT S-CORP. C-CORP. PARTNERSHIP	
MAILING ADDRESS OF BUSINESS		CITY	STATE	ZIP CODE	COUNTY
PHYSICAL ADDRESS OF EQUIPMENT (if different than above)		CITY	STATE	ZIP CODE	COUNTY
PHONE NUMBER	CONTACT PERSON		E-MAIL ADDRESS		
FEDERAL TAX ID#	TYPE OF BUSINESS		HAS THE BUSINESS OR ANY PRINCIPAL/ OWNER EVER DECLARED BANKRUPTCY?		

OWNER/STOCKHOLDER INFORMATION: IF MORE THAN FOUR OWNERS, PLEASE USE ANOTHER SHEET					
OWNER #1 NAME	% OWNERSHIP	TITLE	SOCIAL SECURITY #	DOB	OWN/RENT
HOME ADDRESS	CITY	STATE	ZIP	CELL PHONE	
OWNER #2 NAME	% OWNERSHIP	TITLE	SOCIAL SECURITY #	DOB	OWN/RENT
HOME ADDRESS	CITY	STATE	ZIP	CELL PHONE	
OWNER #3 NAME	% OWNERSHIP	TITLE	SOCIAL SECURITY #	DOB	OWN/RENT
HOME ADDRESS	CITY	STATE	ZIP	CELL PHONE	
OWNER #4 NAME	% OWNERSHIP	TITLE	SOCIAL SECURITY #	DOB	OWN/RENT
HOME ADDRESS	CITY	STATE	ZIP	CELL PHONE	

BANK REFERENCE:			
BANK NAME	ACCOUNT #	CONTACT	PHONE

LEASE/LOAN REFERENCE:				
CREDITOR	ACCOUNT #	ORIG LEASE/LOAN AMOUNT	CONTACT	PHONE
CREDITOR	ACCOUNT #	ORIG LEASE/LOAN AMOUNT	CONTACT	PHONE

VENDOR/EQUIPMENT INFORMATION: PLEASE ATTACH EQUIPMENT QUOTE OR INVOICE, IF AVAILABLE			
VENDOR NAME	ADDRESS		CONTACT
PHONE	TYPE OF EQUIPMENT		APPROXIMATE COST
TERM REQUESTED 24 36 48 60 OTHER	AGE OF EQUIPMENT NEW USED		MODEL YEAR (if used)

By signing below, the undersigned individual(s), who is either a principal of the credit applicant or a personal guarantor of its obligations, authorizes Lion Capital, LLC and/or lessor, debtor and their affiliates, successors or its designee (and any assignee, potential assignee, potential assigns, financing sources or any potential financing sources thereof) to obtain consumer credit reports relating to his/her individual credit history and/or creditworthiness. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. The undersigned also hereby authorizes our banks, trade references, and financial institutions the right to release credit information. In states where permissible, I/we hereby authorize the filing and recording of UCC financing Statements showing the Secured Party's interest in the equipment and grant the Secured Party the right to execute lessee's/debtors name thereto. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in this application.

Print Name: _____ Signature #1: _____ Title _____ Date: _____
 Print Name: _____ Signature #2: _____ Title _____ Date: _____
 Print Name: _____ Signature #3: _____ Title _____ Date: _____
 Print Name: _____ Signature #4: _____ Title _____ Date: _____