



Please provide all information requested below. Incomplete information can delay the processing of your application.

PLEASE PRINT CLEARLY

OCCUPATION:

Company Name: _____

Address: _____

Doing Business As: _____ Sole-proprietor Partnership Corporation

GRIC License No.: _____ (Please provide a copy)

Year Established: _____

Employer Identification Number (EIN): _____ No. of Employees: _____

Type of Business: _____

Gross Annual Revenue: \$ _____

Primary Contact Person: _____ Title: _____

Phone Number: _____ Email: _____

Secondary Contact Person: _____ Title: _____

Phone Number: _____ Email: _____

COMMERCIAL RENTAL HISTORY:

Current Address: _____

Monthly Rental Amount: \$ _____

Landlord Name / Mortgage Company: _____

Phone Number: _____

Please scan and return to info@thePLFC.com or PLFC Office.

5350 N. 48th Street, Suite 245, Chandler, AZ 85226 • Phone: 520-796-2454

Please provide all information requested below. Incomplete information can delay the processing of your application.

PLEASE PRINT CLEARLY

BANKING REFERENCE:

Bank Name: _____ Phone Number: _____

Address: _____ Years as Customer: _____

Account Number: _____ Checking Balance: \$ _____ Saving Balance: \$ _____

OTHER INFORMATION – THE PRINCIPALS:

Principal 1: _____ Title: _____ GRIC Member: YES / NO

Social Security Number: _____ Date of Birth: _____

Address: _____

Principal 2: _____ Title: _____ GRIC Member: YES / NO

Social Security Number: _____ Date of Birth: _____

Address: _____

Principal 3: _____ Title: _____ GRIC Member: YES / NO

Social Security Number: _____ Date of Birth: _____

Address: _____

Principal 4: _____ Title: _____ GRIC Member: YES / NO

Social Security Number: _____ Date of Birth: _____

Address: _____

Please scan and return to info@thePLFC.com or PLFC Office.

5350 N. 48th Street, Suite 245, Chandler, AZ 85226 • Phone: 520-796-2454



Please provide all information requested below. Incomplete information can delay the processing of your application.

PLEASE PRINT CLEARLY

CREDIT AND PERSONAL REFERENCES:

Name / Company 1: _____ Phone Number: _____

Address: _____

Name / Company 2: _____ Phone Number: _____

Address: _____

Name / Company 3: _____ Phone Number: _____

Address: _____

Name / Company 4: _____ Phone Number: _____

Address: _____

AUTHORIZATION TO RUN CREDIT CHECK:

Pima Leasing & Financing Corporation or any firm acting on its behalf is hereby granted permission to perform a credit check on our company and/or its principals.

1. Signature: _____ Date: _____

Name (Print): _____

2. Signature: _____ Date: _____

Name (Print): _____

3. Signature: _____ Date: _____

Name (Print): _____

4. Signature: _____ Date: _____

Name (Print): _____

Please scan and return to info@thePLFC.com or PLFC Office.

5350 N. 48th Street, Suite 245, Chandler, AZ 85226 • Phone: 520-796-2454