



Smart. Renewable. Biodiesel.

PACIFIC NATURAL ENERGY

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**FOR A QUOTATION, PLEASE COMPLETE THIS FORM AND FAX TO:
818.760.2842 or email to eric@stopxon.com**

Account Information

EXACT LEGAL NAME: _____
DBA: _____
BUS. DESCRIPTION: _____
ADDRESS: _____
CITY/STATE/ZIP: _____

PHONE

FAX

ACCT #: (to be filled out by PNE)

CONTACT PERSON: _____
TEL: _____ FAX: _____
EMAIL: _____

OWNER/PRESIDENT: _____
HOME ADDRESS: _____
CITY/STATE/ZIP: _____
SSN: _____

OWNER/PRESIDENT: _____
HOME ADDRESS: _____
CITY/STATE/ZIP: _____
SSN: _____

TYPE OF EQUIPMENT:

PRODUCT CODE: _____

COST: _____

TERMS: 24 36 48 60 MONTHLY BUDGET: _____

SOLE PROPRIETORSHIP PARTNERSHIP LLC CORPORATION
YEARS IN BUSINESS _____ # OF EMPLOYEES _____ FED. ID NO. _____

Bank Reference

BANK NAME: _____
ACCOUNT #: _____

PHONE: _____ CONTACT: _____

Trade Reference

NAME: _____
ACCT #: _____

PHONE: _____

The applicant warrants that all information provided is true and correct, and authorizes Trident Leasing Corporation and its affiliates to investigate applicant's credit worthiness as may be needed. The undersigned authorizes all banking institutions, credit reporting agencies and trade references and its agents to release all necessary information via telephone, mail or facsimile as requested, for the purposes of securing financial assistance. All equipment purchased under this line of credit is subject to review and approval before disbursement.

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

TITLE: _____