



COMPANY UPDATE FORM

BUSINESS INFORMATION

LEGAL NAME OF BUSINESS ENTITY			FED. TAX NO.	
MAILING - ADDRESS (STREET)	(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
EQUIPMENT LOCATION - ADDRESS (STREET)	(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
WEB ADDRESS	TELEPHONE NUMBER		CELL NUMBER	

OWNERSHIP INFORMATION

BUSINESS STRUCTURE	<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> C-CORP	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLP	<input type="checkbox"/> S-CORP <input type="checkbox"/> LLC	TIME IN BUSINESS
PRINCIPAL'S NAME		TITLE	% OWNERSHIP	SOC. SEC. NO.
PRINCIPAL'S NAME		TITLE	% OWNERSHIP	SOC. SEC. NO.
PRINCIPAL'S NAME		TITLE	% OWNERSHIP	SOC. SEC. NO.

BANK REFERENCE

(PLEASE INCLUDE 1ST PAGE OF THE LAST (3) MONTHS BUSINESS BANK STATEMENTS)

BANK NAME		CHECKING ACCOUNT NUMBER(S)
PHONE NUMBER	FAX NUMBER	LOAN ACCOUNT NUMBER(S)

By signing below, each undersigned individuals(s), who is either a principle of the credit applicant listed below or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his or his personal credit profile from a national credit bureau. Such a authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purpose of update renewal or extension of such credit and for reviewing or collecting the resulting account. A photocopy or facsimile copy of this authorization shall be as valid as the original. In addition to authorizing review of my/our credit profile from any national credit bureau the undersigned also authorizes my/our financial institutions and creditors to release credit information required by Lessor or its designee (and any assignee or potential assignee thereof).

X

MEMBER SIGNATURE

DATE

**Please Complete and Fax to (714) 464-5342 Attention: Brian Sardina
or E-mail to bsardina@accesscapitalcorp.com**