



Brobas Capital Partners, Inc - Commercial Credit Application

COMPANY INFORMATION					
Company Name asdf		Tax ID # asdf		Web Site Address	
Company Address asdf		City asdf		State asdf	Zip Code asdf
Phone 213-875-1856		Fax () -		Email address: mora@example.net	No. of Employees
Business Classification: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit		Years In Business: 0		2022 Annual Estimated Sales: Net Income:	
OFFICER(S), PARTNER(S) OR GUARANTOR(S)' INFORMATION					
Name Jennifer Mora		Title		Social Security Number (required) 945-21-5205	Ownership 100 %
Residential Address Some Random Street Name 3/5		City asdf		State asdf	Zip Code asdf
Name		Title		Social Security Number (required) -	Ownership %
Residential Address		City		State	Zip Code
				Phone () -	Date of Birth
COMPANY BANK REFERENCES					
Bank Name	Length of Relationship	Account Number	Est. Monthly Balance \$	Phone () -	Contact Officer
Bank Name	Length of Relationship	Account Number	Est. Monthly Balance \$	Phone () -	Contact Officer
EQUIPMENT DESCRIPTION					
Description		Projected cost \$	Vendor: Name	Contact	Phone/Email

Applicant: Jennifer Mora Signature (required) Date: 03-14-2025

Applicant: Signature (required) Date: