

## CREDIT APPLICATION

### FINANCE AMOUNT:

### BUSINESS INFORMATION

Company name: asdf

Business address: asdf

City: asdf

State: asdf

Zip: asdf

Phone: 213-875-1856

Fax:

Email: mora@example.net

Business Start Date: 11-20-1000

Business Type: Transportation

Tax ID: asdf

Description of Business: Transportation carrier

Financial Information:

Annual Sales:

Annual Net Income:

### PERSONAL GUARANTOR INFORMATION

PG1 Name: Jennifer Mora

Social Security Number: 945-21-5205

Address: Some Random Street Name 3/5

Title: Owner

City: West Kathryn

State: New Hampshire

Zip: 88888

Telephone: 213-875-1856

Email: mora@example.net

Annual Gross Income:

Net Worth:

Ownership Percentage: %

PG2 Name:

Social Security Number:

Address:

Title:

City:

State:

Zip:

Telephone:

Email:

Annual Gross Income:

Net Worth:

Ownership Percentage: %

### BUSINESS BANK REFERENCES

Institution Name:

Contact Name:

Checking Account Number:

Phone:

### EQUIPMENT PURCHASE INFORMATION

Sales Representative:

Phone:

Equipment Description:	Equipment Cost:
AGREEMENT	
To secure financing, the undersigned individual who is either the principal of the credit applicant or a personal guarantor of its obligation, provides written instruction to <b>Blue Bridge Financial, Inc.</b> (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau and authorizes all requested bank and trade information to be released via telephone, fax or email. Such authorization shall extend to updating, renewing, or extending such credit and for reviewing or collecting the resulting account. A photo copy or facsimile copy of this authorization shall be valid as the original.	
Jennifer Mora	
Signature	Date 03-21-2025

Signature Date

ECOA NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract) because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, 10877 Wilshire Blvd., Suite 700, Los Angeles, California 90024 or also the Federal Trade Commission, Consumer Response Center, Washington, DC 20580 the FDIC, Consumer Response Center, 1100 Walnut Street, Box #11, Kansas City, MO 64106. If Blue Bridge Financial, Inc. takes adverse action against you, you have the right to a written statement of the specific reasons for the denial. Adverse action may include refusal to grant credit in substantially the amount or terms requested, termination or an unfavorable change in the terms of an account and refusal to increase the amount of credit available. To obtain the statement, please contact Credit Administrator, (866)-777-1011 Ext. 5007 or in writing at this address, 11921 Freedom Drive, Suite 1130, Reston, VA 20190 within 60 days from the date you are notified of our decision. We will send you a written statement within 30 days of receiving your request.