

22 Moonlight
Irvine, CA 92603

Official Home Page

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Apply Now Fast & Easy as 1, 2, 3. Approvals in minutes. Provide:

1. A [Standard Application](#) (Print clearly and leave no boxes empty.)
2. The last three(3) Months Bank Statements, complete.
3. A seller Bill of Sale/Invoice. more...

For tke best possible payment and amounts above \$100,000 provide 1, 2, 3 and also provide 4, 5:

4. The last three years Audited, Reviewed or Compiled Financial Statements, including notes. **(if available)**
In the absence of an Audited or Reviewed Financial Statements provide the last two years corporate Federal Tax Returns, complete. **(if available)**
5. For S Corporation or LLC also provide the last two(2) years corporate and personal Federal Tax Returns, all pages and a Personal Financial Statement.

Questions?...E-Mail AskUs@eldoradocf.com or call (877) 928 - 7643

Equipment we lease :

- Medical Office Equipment including Operating Room, Walls, Furniture, Fixtures, Software and more...
- Backhoe/Hearse/Lifts/Trucks/Trailers
- Software/Installation/Training/Cabling
- Telecommunications
- Voiceover IP
- Industrial
- Machine Tools
- Point-of-Sale
- Furniture, Fixtures and Equipment
- Printing/Publication
- Construction
- Computers/Servers and much more...

El Dorado

FOR A FREE EQUIPMENT FINANCE RATE QUOTE THAT COULD SAVE YOU SUBSTANTIAL TIME & MONEY

AskUs@ELDoradoCF.com

CALL 1-877-928-7643, 24 HOURS A DAY

If you have any comments about our WEB page, you can either write us at the address shown above or e-mail us at eldorado@ELDoradoCF.com.
However, due to the limited number of personnel in our corporate office, we are unable to provide a direct response.

[Legal Disclaimer](#)



[Privacy](#) [BBB](#)

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[California Finance Lender License Number 60DBO-35811](#)



info@ELDoradoCF.com | 22 Moonlight, Irvine CA 92603 | (877) 928-7642 fax | (877) 928-7643 | (949) 856-9999 text

| | | | |
|---|---------------------|-------------------------------|------------------------|
| Business Name | | | Telephone |
| Street Address | | | Fax |
| City/State/Zip | | | Contact Person |
| Business Type | Business Start Date | Years Under Current Ownership | Fed. Tax I.D. |
| Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/> | | | Email Address |
| Location of Equipment (Street/City/State/Zip) | | | Company's Annual Sales |
| Any unsettled lawsuits, judgments, disputes or outstanding tax obligations? Yes <input type="checkbox"/> No <input type="checkbox"/> Bankruptcy ever filed by business? Yes <input type="checkbox"/> No <input type="checkbox"/> When? | | | Company's Net Worth |

BANK INFORMATION

| | | |
|----------------|----------------|-----------------|
| Bank Name | Contact Person | Contact Phone |
| Account Number | Account Type | Average Balance |

CREDIT REFERENCES

| | | | | |
|-------------------------|----------------------------|------|-----------------|----------------|
| Loan/Leasing Company | | | Contact Person | Phone |
| Start Date (Month Year) | Original Loan/Lease Amount | Term | Monthly Payment | Account Number |
| Loan/Leasing Company | | | Contact Person | Phone |
| Start Date (Month Year) | Original Loan/Lease Amount | Term | Monthly Payment | Account Number |

TRADE REFERENCES

| | | |
|--------------|----------------|-------|
| Company Name | Contact Person | Phone |
| Company Name | Contact Person | Phone |

OWNERSHIP/GUARANTOR INFORMATION

| | | | | | |
|---|--------------|---------------|------------|---|----------------------------|
| Full Name | | Title | % Owned | Social Security Number | |
| Home Address (Number/Direction/StreetName/St,Ave,Rd.etc/City/State/ZipCode) | | | Birth Date | Own <input type="checkbox"/> Rent <input type="checkbox"/> | Bankruptcy Filed Yes No |
| Home Phone | Mobile Phone | Email Address | | | |

| | | | | | |
|---|--------------|---------------|------------|---|----------------------------|
| Full Name | | Title | % Owned | Social Security Number | |
| Home Address (Number/Direction/StreetName/St,Ave,Rd.etc/City/State/ZipCode) | | | Birth Date | Own <input type="checkbox"/> Rent <input type="checkbox"/> | Bankruptcy Filed Yes No |
| Home Phone | Mobile Phone | Email Address | | | |

EQUIPMENT INFORMATION *Attach Invoice W/Equipment Description*****

| | | | |
|----------------|--------------------------------|----------------------------|---|
| Vendor | Contact | Phone | Fax |
| Equipment | | | New <input type="checkbox"/> Used <input type="checkbox"/> |
| Preferred Term | Preferred Lease/Loan Structure | Preferred Advance Payments | Preferred Residual |

By signing below, the undersigned individual, who is either a principal of the credit applicant and/or a personal guarantor of its obligations, provides written instruction to El Dorado Commercial Finance LLC or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. Undersigned further authorizes release of all bank information for personal and corporate accounts by phone or fax. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

Signed _____ Title _____ Date _____

Signed _____ Title _____ Date _____

el dorado commercial finance llc



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| Name | Social Security Number | Date of Birth |
|------|------------------------|---------------|
| | | |

| Home Address | Home Phone |
|--------------|------------|
| | |

| Instructions | DATE OF STATEMENT |
|---|-------------------|
| Please fill in your assets and liabilities in the appropriate spaces. Total assets should = total liabilities + Net Worth. | |

| Assets (\$) | Liabilities (\$) | Payments |
|--|--|----------|
| Cash (\$) | Real Estate mortgage (Complete Schedule 1) | |
| Investment—Stocks & Bonds | Installment Loans (Number) Payments At \$ | |
| Accounts & Loans Receivable | Credit Card Balance | |
| Real Estate Owned (Complete Schedule 1) | Federal Income Tax | |
| Auto Year Make | Other Liabilities | |
| Auto Year Make | TOTAL LIABILITIES | |
| Individual Retirement Account / Pension Fund | NET WORTH (Total Assets Minus Total Liabilities) | |
| Other Assets | | |
| TOTAL ASSETS | TOTAL LIABILITIES + NET WORTH | |

| Sources of Income | Personal Information |
|---|---------------------------------|
| ALIMONY—CHILD SUPPORT Inclusion of alimony, separate maintenance, or child support as income is voluntary and need not be revealed if you do not wish to have it considered. If you choose to include such payment, please describe it by the court and case number, the amount, and the name and address of the person obligated to pay that amount to you. If you are responsible for paying alimony, separate maintenance, or child support, please give particulars of the obligation, along with your other obligations. | Occupation Or Type of Business: |
| | Employer: |
| | Position Held: |
| | How Long Employed: |
| | Number of Dependents (List): |
| | 1) _____ 2) _____ |
| | 3) _____ 4) _____ |
| | 5) _____ 6) _____ |
| Salary | |
| Bonus & Commissions | |
| Dividends & Interest | |
| Net Rents & Royalties | |
| Other (Itemize) | |
| TOTAL ANNUAL INCOME | |

| Schedule 1 | Location & Date Purchased | Purchase Price | Current Value | Balance Owed | Monthly Payments | Mortgage Holder |
|-------------------|---------------------------|----------------|---------------|--------------|------------------|-----------------|
| Real Estate Owned | | | | | | |
| | | | | | | |

You confirm that: this application is given to us for the purpose of obtaining credit from time to time; you have read it and it is true and complete; and you authorize us to obtain information from others concerning your credit standing and other relevant information impacting this application and to provide to others information about our transactions and experiences with you. In addition to the information requested on this application, El Dorado Commercial Finance LLC may subsequently request additional information from you. **IMPORTANT INFORMATION:** Except as otherwise prohibited by law, you agree and consent that we, El Dorado Commercial Finance LLC and its subsidiaries, may share all information about you that El Dorado Commercial Finance LLC has or may obtain. Under the Fair Credit Reporting Act, there is certain credit information that cannot be shared if you tell us by writing to El Dorado Commercial Finance LLC, 22 Moonlight, Irvine CA 92603 including your name, address, account number and social security number.

SIGNATURE _____

DATE _____

SIGNATURE _____

DATE _____

| Business Debt Schedule | | | | | | | | Date: | |
|------------------------|-----------------|------------------------------|-----------------|-------------------------------|---------------|-----------------|----------|-----------------------|--|
| Creditor Name/Address | Original Amount | Original Date | Present Balance | Interest Rate | Maturity Date | Monthly Payment | Security | Current or Delinquent | |
| - | | | | | | | | | |
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| | | | | | | | | | |
| | | Total Present Balance | | Total Monthly Payments | | | | | |
| NOTE: | | | | | | | | | |