

1. **A Standard Application, on-line real time or paper attached.**
2. The last three(3) Months Bank Statements and bank printout of current month to date, complete.
3. Vendor invoice(s) or quote(s).
4. The last three years Audited, Reviewed or Compiled Financial Statements, including notes.
5. In the absence of an Audited or Reviewed Financial Statements provide the last two years corporate Federal Tax Returns, all pages.
6. For S-Type Corporation or Limited Liability Company(LLC) also provide the last two(2) years corporate and personal Federal Tax Returns, all pages and a Personal Financial Statement, each owner.
7. Debt Schedule
8. Accounts Payable / Receivable Aging
9. The most recent interim Financial Statement with like term previous year.
10. Form 4506 IRS Form attached.
11. Additional information form, attached.
12. Three sentences on the purpose and timing of the equipment.
13. Three referrals to other business owners that also need to finance equipment before the end of the year.

**Note: Item one (1) above may be enough information to get the transaction done. The more information provided, the more options and better programs there may be available.**

### El Dorado

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

[AskUs@ELDoradoCF.com](mailto:AskUs@ELDoradoCF.com)

CALL 1-949-856-9999, 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 [AskUs@ELDoradoCF.com](mailto:AskUs@ELDoradoCF.com).  
 However, due to the limited number of personnel in our corporate office, we are unable to provide a direct response.





askus@eldoradocf.com | 22 Moonlight, Irvine CA 92603 | (877) 928-7642 fax | (877) 928-7643 | (949) 856-9999t

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"/> Price W/O Tax
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



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

Name	Social Security Number	Date of Birth
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Home Address	Home Phone
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**Instructions**

Please fill in your assets and liabilities in the appropriate spaces.  
 Total assets should = total liabilities + Net Worth.

**DATE OF STATEMENT**

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

**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)	
<b>TOTAL ANNUAL INCOME</b>		

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
		<b>Total Present Balance</b>	<b>\$ -</b>		<b>Total Monthly Payments</b>	<b>\$ -</b>		
<b>NOTE:</b>								

## ADDITIONAL INFORMATION

Kind of Business: \_\_\_\_\_

Date Business Established/ Years in Business: \_\_\_\_\_

List Any Subsidiaries or Affiliates: \_\_\_\_\_

List Principals and Percentage of Ownership: \_\_\_\_\_

What type of Company- sole proprietorship, LLC, Partnership, Corporation, Sub S Corporation, etc.: \_\_\_\_\_

Background for equipment needs: \_\_\_\_\_

New sales requiring equipment: \_\_\_\_\_

Will the new equipment replace outside services or other debt payment: \_\_\_\_\_

Did you recently complete paying for any other equipment, lease or loan? If so, list with whom, when and payment amount for each: \_\_\_\_\_

Any other pertinent information \_\_\_\_\_

TOP 4 CUSTOMERS and percentage they each represent and how long a client:

- |          |             |                 |
|----------|-------------|-----------------|
| 1. _____ | and _____ % | and _____ years |
| 2. _____ | and _____ % | and _____ years |
| 3. _____ | and _____ % | and _____ years |
| 4. _____ | and _____ % | and _____ years |

LINE OF CREDIT: Maximum you can borrow: \_\_\_\_\_ Current Balance on LOC: \_\_\_\_\_

CREDIT SUPPORT:

Additional collateral \_\_\_\_\_

Value \$ \_\_\_\_\_

COMMENTS \_\_\_\_\_

COMMERCIAL REAL ESTATE- OWNED VERSUS RENTED:

- 1) Is building owned and if so, a) who owns it? \_\_\_\_\_; b) how many square feet is the building? \_\_\_\_\_; c) What is the current value? \_\_\_\_\_; d) What is the current mortgage balance? \_\_\_\_\_; and e) What is the monthly mortgage payment? \_\_\_\_\_
- 2) Is building rented and if so, a) how many square feet is rented? \_\_\_\_\_; and b) What is the monthly rent payment? \_\_\_\_\_.

# Request for Copy of Tax Return

- ▶ **Do not sign this form unless all applicable lines have been completed.**
- ▶ **Request may be rejected if the form is incomplete or illegible.**
- ▶ **For more information about Form 4506, visit [www.irs.gov/form4506](http://www.irs.gov/form4506).**

**Tip.** You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return**, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." or call 1-800-908-9946.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

**Caution:** If the tax return is being sent to the third party, ensure that lines 5 through 7 are completed before signing. (see instructions).

**6 Tax return requested.** Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶ \_\_\_\_\_

**Note:** If the copies must be certified for court or administrative proceedings, check here

**7 Year or period requested.** Enter the ending date of the tax year or period using the mm/dd/yyyy format (see instructions).

____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____

<b>8 Fee.</b> There is a \$43 fee for each return requested. <b>Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN, ITIN, or EIN and "Form 4506 request" on your check or money order.</b>	
<b>a</b> Cost for each return . . . . .	\$ _____
<b>b</b> Number of returns requested on line 7 . . . . .	_____
<b>c</b> Total cost. Multiply line 8a by line 8b . . . . .	\$ _____

**9** If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

**Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506.** See instructions.

Phone number of taxpayer on line 1a or 2a \_\_\_\_\_

<b>Sign Here</b>	▶ Signature (see instructions)	Date	
	▶ Print/Type name	Title (if line 1a above is a corporation, partnership, estate, or trust)	
	▶ Spouse's signature	Date	
	▶ Print/Type name		

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506 and its instructions, go to [www.irs.gov/form4506](http://www.irs.gov/form4506).

## General Instructions

**Caution:** Do not sign this form unless all applicable lines, including lines 5 through 7, have been completed.

**Designated Recipient Notification.** Internal Revenue Code, Section 6103(c), limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

**Taxpayer Notification.** Internal Revenue Code, Section 6103(c), limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

**Purpose of form.** Use Form 4506 to request a copy of your tax return. You can also designate (on line 5) a third party to receive the tax return.

**How long will it take?** It may take up to 75 calendar days for us to process your request.

**Where to file.** Attach payment and mail Form 4506 to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

If you are requesting a return for more than one year or period and the chart below shows two different addresses, send your request based on the address of your most recent return.

## Chart for individual returns (Form 1040 series)

### If you filed an individual return and lived in:

Florida, Louisiana, Mississippi, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

### Mail to:

Internal Revenue Service  
RAIVS Team  
Stop 6716 AUCS  
Austin, TX 73301

Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin

Internal Revenue Service  
RAIVS Team  
Stop 6705 S-2  
Kansas City, MO 64999

Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming

Internal Revenue Service  
RAIVS Team  
P.O. Box 9941  
Mail Stop 6734  
Ogden, UT 84409

## Chart for all other returns

### For returns not in Form 1040 series, if the address on the return was in:

### Mail to:

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

Internal Revenue Service  
RAIVS Team  
Stop 6705 S-2  
Kansas City, MO  
64999

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service  
RAIVS Team  
P.O. Box 9941  
Mail Stop 6734  
Ogden, UT 84409

## Specific Instructions

**Line 1b.** Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, please include it on this line 3.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note.** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506.

**Line 7.** Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 return, or 03/31/2017 for a first quarter Form 941 return.

**Signature and date.** Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506 within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5 through 7, are completed before signing.



*You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.*

**Individuals.** Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506 but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Signature by a representative.** A representative can sign Form 4506 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5a. Form 2848 showing the delegation must be attached to Form 4506.

## Privacy Act and Paperwork Reduction Act

**Notice.** We ask for the information on this form to establish your right to gain access to the requested return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. If you request a copy of a tax return, sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506 will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 16 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506 simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224.

Do not send the form to this address. Instead, see *Where to file* on this page.