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Broker Information Form

Attn.: Broker Division

949.727.3711 Telephone
800.800.8081 Toll free
949.727.3722 Facsimile

Company Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Website: _____ E-mail: _____

Type of Business: ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ Other

Years in Business: _____

Principal Owners Name: 1) _____ 2) _____

Home Address: _____

City, State & Zip Code: _____

Social Security Number: _____

Bank Reference

Name of Bank: _____

Street Address: _____

City, State & Zip Code: _____

Telephone Number: _____ Contact: _____

Account Number: _____

Other Lending Relationship

Lender / Lessor: _____

Telephone Number: _____ Contact: _____

Lender / Lessor: _____

Telephone Number: _____ Contact: _____

Lender / Lessor: _____

Telephone Number: _____ Contact: _____

I hereby authorize PACIFICA CAPITAL, its nominees or assigns to contact the above named references, and review the principal's personal credit profile from a national credit bureau(s).

Signed: _____ By: _____

Title: _____ Date: _____