



Fax application to 415-814-5765 or call 866-525-2123 x4847 with any questions

Type of Application

Please check the appropriate box

- Application for Individual credit in your own name and relying on your own income and/or assets and not the income and/or assets of another person
- You are married and live in a community property state
- This is an application for joint credit with another person.

Contractor/Installation information - (To be completed by Installer)

Sales Consultant: _____		Phone number: _____		Fax number: _____	
Company name: _____			Est. system cost: _____		Size: _____

Primary Applicant Information - (You may apply for a separate account even if you are married)

Last Name		First Name		MI	DOB	Soc. Sec. No.	
Home Telephone #	Work Telephone #	Cell phone #	Email address			Driver's License No.	
Home Address: Street		City		State	ZIP	How long? years months	
Previous Address: (if less than 5 years at current address)		City		State	ZIP	How long? years months	
Employer Name:	Occupation/Title		How long? years months		Self employed?	Yes / No	Gross Monthly Salary \$
Other Income per Month \$	Source	Married Separated	Unmarried (Includes single, divorced and widowed)			Number of Dependents	

Co-applicant - (Co-applicant must live at the same address)

Last Name		First Name		MI	DOB	Soc. Sec. No.	
Home Telephone #	Work Telephone #	Cell phone #	Email address			Driver's License No.	
Home Address: Street		City		State	ZIP	How long? years months	
Previous Address: (if less than 5 years at current address)		City		State	ZIP	How long? years months	
Employer Name:	Occupation/Title		How long? years months		Self employed?	Yes No	Gross Monthly Salary \$
Other Income per Month \$	Source	Married Separated	Unmarried (Includes single, divorced and widowed)			Number of Dependents	

Property Information

Date of Purchase	Purchase Price \$	Estimated Current Value \$	Type of Residence: Single Family Condo/Townhouse		Approximate Sq Footage	
First Mortgage Holder	Loan Number		Balance Owed	Monthly Payment	# Bedrms	# Bathrms
Second Mortgage Holder	Loan Number		Balance Owed	Monthly Payment	Date of last refinance	

Your signature on this application certifies that you authorize Clean Power Finance, Inc. its subsidiaries, and lenders of choice, to verify the information from whichever sources it deems necessary. Clean Power Finance, Inc. may, now and in the future, provide others with information contained within this application for purposes of loan or credit qualification. Furthermore, you certify that this application is true and complete and accurately represents your present financial condition. Additional terms and conditions may apply. By signing this document, it does not represent a commitment to lend.

Applicants Signature

Date

Co-Applicant's Signature

Date

X

X