



5496 Lindbergh Lane * Bell, CA 90201
 Phone: (323) 981-2800 Fax: (323) 981-2840

LIMITED LIABILITY COMPANY

Full Name of LLC: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax: _____ Federal ID #: _____

Last Date on which the LLC is to dissolve: _____

LLC is managed by:

- One Manager Only More than one Manager

Name	Title

LLC Capitalization: Please specify the capitalization rates of each of the LLC members:

Name	Social Security #	\$ Amt. of Capitalization	% Ownership

Note: A personal guaranty may be required after review of the LLC Capitalization information listed above

LLC Dissolution: Which events will cause the dissolution of this LLC?

- withdrawal of member death of member registration of member
 expulsion of member member bankruptcy addition of new member

The information submitted on this credit application addendum is warranted to be accurate and true. I hereby agree to notify Creditor of any change in LLC Members or dissolution due to changes. I am authorized to contractually bind this LLC and warrant that this authorized to operate as a Limited Liability Company in the state charted.

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____