



Application

Fax: (360) 337-1723

BUSINESS INFORMATION				Fed. Tax I.D. #:		
Company Name & including dba:						
Billing Address			City	County	State	Zip
Telephone No.		Fax No.		Contact Person		# of Employees
No. of Years in Business Under current Ownership:			Nature of Business:		Annual Revenues	

EQUIPMENT LOCATION Complete only if equipment will not be located at Lessee's billing address						
Address			City	County	State	Zip

PERSONAL INFORMATION						
Name		Title		% of Ownership	Social Security No.	
Home Address			City	State	Zip	Home Phone No.
Annual Household Income: \$		Email Address:		Cell No.		
Name		Title		% of Ownership	Social Security No.	
Home Address			City	State	Zip	Home Phone No.
Annual Household Income: \$		Email Address:		Cell No.		

BANK REFERENCES - MUST HAVE TWO YEAR HISTORY (Important to establish any loan history)					
Name of Bank/Branch		How Long?	Chkg. Acct. #	Telephone No.	Contact Officer
			Loan Acct. #		
Previous Bank (If account is less than 2 yrs. old)		How Long?	Chkg. Acct. #	Telephone No.	Contact Officer
			Loan Acct. #		

TRADE REFERENCES - TWO YEAR HISTORY (Important to establish high credit and payment history)					
Name of Supplier		City/State/Zip		Telephone No	Contact Person
Name of Supplier		City/State		Telephone No.	Contact Person

EQUIPMENT TO BE FINANCED Attach separate list if necessary	
Quantity:	Description:

TERM: _____ Months:

AUTHORIZATION FORM:

By signing below, each undersigned individual (s), who is either a principal of the credit applicant listed below or a personal guarantor of its obligations, provides written instruction to Kitsap Tractor & Equipment or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account.

I authorize all deposit, borrowing, and trade information to be released to the Lessor. I represent all information is true, correct and complete. A photo static or facsimile copy of this authorization shall be as valid as the original.

X		
Name (please print):	Title	Date
X		
Name (please print):	Title	Date