



# ClearView Financial, Inc.

2900 Euclid Ave.  
 Wenatchee, WA 98801  
 888-781-2323 or 360-856-5977  
 Fax 360-854-0405

## CREDIT APPLICATION

## BUSINESS INFORMATION

ATTN: Jean Bates

COMPLETE LEGAL COMPANY NAME				<input type="checkbox"/> CORP <input type="checkbox"/> PROP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> L.L.C. <input type="checkbox"/> MUNI. <input type="checkbox"/> NON PROFIT	
STREET ADDRESS		CITY		STATE	ZIP
COUNTY	PHONE #	FAX#	EMAIL ADDRESS		
NATURE OF BUSINESS	OTHER BUSINESS NAME USED				
FEDERAL ID#	DATE BUSINESS STARTED OR DATE OF INCORPORATION	YEARS UNDER CURRENT OWNERSHIP	D&B#		
EQUIPMENT LOCATION(PHYSICAL ADDRESS):					
INSURANCE CO.	AGENT	PHONE # and FAX #			

### OFFICERS/OWNERS/PARTNERS (please include all owners involved)

NAME #1		NAME #2	
TITLE	% OWNED	TITLE	% OWNED
SPOUSE	% OWNED	SPOUSE	% OWNED
RESIDENCE		RESIDENCE	
HOME PHONE #	SSN	HOME PHONE #	SSN

### BANK REFERENCES

BUSINESS BANK NAME	PHONE #	ACCT#	CONTACT	ACCT. TYPE

### TRADE REFERENCES

COMPANY NAME	PHONE #	ACCOUNT #	CONTACT

### EQUIPMENT TO BE LEASED

QTY	NEW/USED	DESCRIPTION/MODEL#	PRICE W/O TAX	TERM

Would you consider automatic withdrawal of your monthly payment as a payment option?    Yes    no

The undersigned authorizes all parties to release Credit & Financial information (personal or business) requested by ClearView Financial, Inc., or their affiliates. I/we have completed this application to obtain credit and certify that all statements contained herein are true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_ Title \_\_\_\_\_