

Lake Union Financial APPLICATION

| Company Information | | | |
|---|---|---|--|
| Legal Name | D/B/A | | |
| Street Address | Business Phone () | Fax () | |
| City/State/Zip | Cell () | | |
| Mailing Address (if different) | Email | | |
| City/State/Zip | Website | | |
| Nature of Business | Years in Business | | |
| Tax ID # (EIN) | <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other | | |
| Ownership | | | |
| Principal 1 Name | Title | Ownership % | |
| Residence Address | City/State/Zip | | |
| Home Phone () | SSN | Personal Annual Gross Income \$ | |
| Have you ever filed Bankruptcy? <input type="checkbox"/> NO <input type="checkbox"/> YES if yes: Month/Year | | <input type="checkbox"/> Own <input type="checkbox"/> Rent Present Home | |
| Principal 2 Name | Title | Ownership % | |
| Residence Address | City/State/Zip | | |
| Home Phone () | SSN | Personal Annual Gross Income \$ | |
| Have you ever filed Bankruptcy? <input type="checkbox"/> NO <input type="checkbox"/> YES if yes: Month/Year | | <input type="checkbox"/> Own <input type="checkbox"/> Rent Present Home | |
| Bank References | | | |
| Primary Bank Name | Ph. () | Fax () | |
| Bank Officer Name | Checking Account # | Savings Account # | |
| Secondary Bank Name | Ph. () | Fax () | |
| Bank Officer Name | Checking Account # | Savings Account # | |
| Equipment (Please submit itemized equipment quote) | | | |
| | | <input type="checkbox"/> New <input type="checkbox"/> Used Cost \$ | |
| Description: | | | |
| Company Name | Contact Name | Ph () | |

By the execution of the application, I/We warrant that the information submitted herein is true and correct and hereby authorize Lake Union Leasing, LLC and its financial lenders to make whatever credit inquiries it deems necessary in connection with my/our credit application. I/We authorize and instruct any person or consumer report agency to comply and furnish any information it may have or obtain in response to such credit inquiries. It is understood the financial lender reserves the right to reverse any credit decision if information is found to be incorrect. I/We will indemnify the financial lender for any and all costs incurred with this application contained herein.

Signature _____ Date _____

Signature _____ Date _____

Fax to 1-888-261-9603 or Email to customerservice@lakeunionfinancial.com

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