

Lake Union Financial
TRUCK & TRAILER A P P L I C A T I O N

| | | | |
|---|------|--|--|
| Company Information | | | |
| Legal Business Name | | D/B/A | |
| Street Address | | Business Phone | Cell |
| City/State/Zip | | Fax | |
| Mailing Address (if different) | | Email | |
| City/State/Zip | | Website | |
| Tax ID # (EIN) | | <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC | |
| Ownership | | | |
| Principal 1 Name | | Title | SSN |
| Home Address | | City/State/Zip | |
| Home Phone | | <input type="checkbox"/> Own <input type="checkbox"/> Rent Present Home | Personal Annual Gross Income \$ |
| Have you ever filed Bankruptcy? <input type="checkbox"/> NO <input type="checkbox"/> YES if yes: Month/Year | | | |
| What/where do you haul? | | # Years Driving | # Years in Business |
| Principal 2 Name | | Title | SSN |
| Home Address | | City/State/Zip | |
| Home Phone () | | <input type="checkbox"/> Own <input type="checkbox"/> Rent Present Home | Personal Annual Gross Income \$ |
| Have you ever filed Bankruptcy? <input type="checkbox"/> NO <input type="checkbox"/> YES if yes: Month/Year | | | |
| What/where do you haul? | | # Years Driving | # Years in Business |
| Bank References | | | |
| Primary Bank Name | | <input type="checkbox"/> Personal <input type="checkbox"/> Business Acct. Ph. | Fax |
| Bank Contact | | Checking Account # | Savings Account # |
| Truck/Trailer Information: | | | Cost \$ |
| Year | Make | Model | Mileage <input type="checkbox"/> Replacement <input type="checkbox"/> Addition |
| 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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