



FUNDING GROUP

**CREDIT  
APPLICATION**

**KABOT COMMERCIAL LEASING**

PO Box 17382 SEATTLE WA 98127

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www.K2FundingGroup.com

LEGAL BUSINESS NAME \_\_\_\_\_

DBA \_\_\_\_\_ ☐ PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_ FEDERAL TAX ID \_\_\_\_\_

# OF YEARS & MONTHS IN BUSINESS \_\_\_\_\_ NATURE OF BUSINESS \_\_\_\_\_ WITHIN CITY LIMITS? Y N

**OFFICER OR OWNER INFORMATION**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ % OF OWNERSHIP \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ MOBILE PHONE # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ ☐ OWN ☐ RENT

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ % OF OWNERSHIP \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ MOBILE PHONE # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ ☐ OWN ☐ RENT

**SUPPLIER & EQUIPMENT**

SUPPLIER NAME \_\_\_\_\_ AMOUNT FINANCED \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE # \_\_\_\_\_ TYPE OF EQUIPMENT \_\_\_\_\_

**BUSINESS BANKING INFORMATION**

NAME OF BANK \_\_\_\_\_ PHONE # \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ CONTACT AT BANK \_\_\_\_\_

**BUSINESS REFERENCES**

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ CONTACT/ACCOUNT # \_\_\_\_\_

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ CONTACT/ACCOUNT # \_\_\_\_\_

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ CONTACT/ACCOUNT # \_\_\_\_\_

**PLEASE READ & SIGN** The undersigned individual who is either a principal, a personal guarantor or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of credit history of the applicant, hereby consents and authorizes Kabot Commercial Leasing and/or its ASSIGNEES the use of a consumer credit report on the undersigned, from time to time as may be needed. Such authorization shall extend to obtaining a credit profile, banking and trade references 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. A photostatic or electronic copy of this authorization shall be valid as the original. We understand that ANY information obtained will be treated confidentially.

BY SIGNATURE BELOW, I/WE AFFIRM OUR IDENTITY AS THE RESPECTIVE INDIVIDUALS IDENTIFIED IN THIS APPLICATION.

**Signature :X** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature: X** \_\_\_\_\_

**Name (please print)** \_\_\_\_\_

**Date:** \_\_\_\_\_