



# CREDIT APPLICATION

5325 140<sup>th</sup> Ave NE  
 Bellevue, WA 98005  
 P: (877) 298-4676 (ext-207)  
 F: (888) 678-3468

Please fax completed application to: **(888) 678-3468**  
 To contact Jonathan Twaddle, please call (425) 296-3858

## VENDOR INFORMATION

Vendor Name \_\_\_\_\_

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Vendor Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_

## CUSTOMER INFORMATION

Legal Company Name \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_ Time In Business \_\_\_\_\_

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Company Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Signer \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

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Nature of Business \_\_\_\_\_ Type of Business:  Sole Proprietorship  Partnership  Corporation  LLC

## PERSONAL INFORMATION

Owner Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ % of Ownership \_\_\_\_\_

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Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ How Long? \_\_\_\_\_

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Owner Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ % of Ownership \_\_\_\_\_

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Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ How Long? \_\_\_\_\_

## COMPANY BANK REFERENCES - TWO YEARS

Name of Bank and Branch \_\_\_\_\_ How Long \_\_\_\_\_ Telephone \_\_\_\_\_ Contact Officer \_\_\_\_\_

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Checking Account Number \_\_\_\_\_ Savings Account Number \_\_\_\_\_ Loan Account Number \_\_\_\_\_

## COMPARABLE BUSINESS LEASE / LOAN REFERENCE

Creditor \_\_\_\_\_ Acct # \_\_\_\_\_ Telephone \_\_\_\_\_ Amount Financed \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

## EQUIPMENT INFORMATION

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

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Requested Term:  6 @ \$99  Monthly  Quarterly  Semi-Annually  Other

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes H.I.L. Financial, its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. By the execution of the lease agreement, I/We warrant that the information submitted herein is true and correct and hereby authorize that any bank, lending institution, supplier, person or consumer reporting agency should comply and furnish any information Lessor deems necessary in connection with this Application. It is understood that the security deposit is not refundable unless the application is rejected by Lessor, any and all disputes must be heard in the county of King, state of WA. Further, I/We warrant it is understood that Lessor reserves the right to reverse any credit decision if the information contained herein is found to be incorrect, and I/We will indemnify Lessor for any and all costs incurred with this application for credit including any cost incurred in the placement or reservation of the intended leased equipment based on the information contained herein.

Signature X \_\_\_\_\_ Date: \_\_\_\_\_

Signature X \_\_\_\_\_ Date: \_\_\_\_\_