



LEASE APPLICATION

LESSEE INFORMATION

PLEASE RETURN TO:
Russell Black
Fax: 800-714-6766
Phone: 206-525-3475

Legal Company Name _____

Street _____ City, State, Zip _____ County _____

Phone (____) _____ Fax (____) _____ Email _____

Type of Business _____ Years in Business _____ Years in Business under Present Control _____

Corporation _____ Proprietorship _____ Partnership _____ Non-Profit _____ **Corp. Tax ID #** _____

1. Officer's Name _____ Title _____

Address _____ Phone _____ Social Security _____

2. Officer's Name _____ Title _____

Address _____ Phone _____ Social Security _____

IF AT CURRENT ADDRESS LESS THAN 2 YEARS, PLEASE ALSO SUPPLY PREVIOUS ADDRESS

Insurance Carrier _____ **Agent** _____ **Phone (____)** _____

EQUIPMENT INFORMATION

Equipment Description _____

Different Location for Equipment ? Yes No Address _____

Total Price without Tax _____ Lease Term Requested _____

Vendor Name _____ Vendor Phone (____) _____ Fax (____) _____

BANK INFORMATION

1. **Bank Name** _____ Checking _____ Savings _____ Loan _____ Date Open _____

Account # _____ **Phone (____)** _____ **Authorized Contact** _____

BANK SHOULD BE OPEN AT LEAST TWO YEARS, IF LESS, PLEASE ALSO SUPPLY PREVIOUS BANK REFERENCES

LEASE /TRADE REFERENCES

1. **Name** _____ **Phone (____)** _____ **Contact/Acct #** _____

2. **Name** _____ **Phone (____)** _____ **Contact/Acct #** _____

The undersigned represents that all information provided is true and correct and hereby authorizes all account information and/or deposit and borrowing information to be released by telephone or facsimile to Business Leasing Northwest or its assigns.

By signing below, the undersigned individual(s) as principal(s) and/or guarantor(s) for the applicant, authorizes Business Leasing Northwest, 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. A fax or photocopy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the related application.

Signature _____ **Print Name** _____ **Date** _____

Signature _____ **Print Name** _____ **Date** _____