

Lake Union Financial

A P P L I C A T I O N

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 (present ownership)		
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

Mailing Address: P.O. Box 65389 • University Place, WA 98464
3011 S Huson St., Ste. B • Tacoma, WA 98409 • 1-888-300-8832