



I- 405 Corporate Center
 301 116th Ave SE, Suite 103
 Bellevue, WA 98004
 P: (888) 33CAPFUND (2-2738)
 F: (888) 31CAPFUND (2-2738)

Finance / Lease Application

David Arnold (888) 468-5822 ext 258
PLEASE FAX TO: (425) 401-1839

<u>QUOTE</u>
<i>Number of Months</i>
<i>Equipment Cost</i>
\$
<i>Purchase Option</i>
\$
<i>Security Deposit</i>
\$
<i>Equipment Description</i>

VENDOR INFORMATION

Vendor Name				
Vendor Address	City	County	State	Zip
Contact Person	Telephone Number			

LESSEE COMPANY INFORMATION

Company Name	Federal Tax ID #	Time In Business		
Company Address	City	County	State	Zip
Signer	Title	Telephone Number	Email	

Nature of Business _____ Type of Business: Sole Proprietorship Partnership Corporation LLC

PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS

Name	Title	Social Security Number	% of Ownership		
Home Address	City	State	Zip	How Long?	Home Phone
Name	Title	Social Security Number	% of Ownership		
Home Address	City	State	Zip	How Long?	Home Phone

COMPANY BANK REFERENCES - TWO YEARS

Name of Bank and Branch	How Long	Telephone	Contact Officer
Checking Account Number	Savings Account Number	Loan Account Number	

COMPARABLE BUSINESS LEASE / LOAN REFERENCE

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

TRADE REFERENCES - TWO YEARS

Name of Supplier	City	St	Telephone	Contact
Name of Supplier	City	St	Telephone	Contact

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes CAPFUND, 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: _____