

ClearView Financial, Inc.

Dick Highland
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CREDIT APPLICATION

FULL LEGAL COMPANY NAME with DBA NAME _____
Physical Address _____ **City** _____ **County** _____ **St** _____ **Zip** _____
Mailing Address _____ **City** _____ **St** _____ **Zip** _____
Phone # _____ **Fax #** _____
Federal ID# _____ **Org. ID#** _____
Company Website: _____ **Email Address:** _____
Insurance Co. _____ **Phone #** _____ **Fax #** _____
Year Business Started (MM/YYYY) _____ **Type of Business:** Rental FEC Trucking(Local) Campground
Mark One that applies: Corporation LLC Partnership Proprietorship

PERSONAL INFORMATION

(PG 1) Name _____ **Title** _____ **%Ownership** _____
Home Address _____ **City/State/Zip** _____
Social Security # _____ **Home Phone #** _____ **Cell #** _____
(PG 2) Name _____ **Title** _____ **% Ownership** _____
Home Address _____ **City/State/Zip** _____
Social Security # _____ **Home Phone #** _____ **Cell #** _____

CREDIT REFERENCES

Primary Business Bank _____ **Contact Person** _____
Account #: Checking _____ **Savings** _____ **Loan** Yes No # _____
Bank Phone # _____ **Fax #** _____

TRADE REFERENCES

Firm Name _____ **Phone #** _____ **Acct #** _____
Fax # _____
Firm Name _____ **Phone #** _____ **Acct #** _____
Fax # _____
Firm Name _____ **Phone #** _____ **Acct #** _____
Fax # _____

Equipment to be leased/financed _____ **Total Price \$** _____
Vendor _____ **Address** _____
City _____ **State** _____ **Zip** _____
Phone _____ **Fax** _____ **Contact** _____

PLEASE READ AND SIGN

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of obligations, provides written instruction to ClearView Financial, Inc. or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit and/or financial/banking information. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy 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 above application.

PG1 _____
Signature _____ **Date** _____

PG2 _____
Signature _____ **Date** _____