

**CREDIT APPLICATION**  
**EXACT LEGAL COMPANY NAME**

\_\_\_\_\_  
\_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Federal ID# \_\_\_\_\_

Company Website: \_\_\_\_\_

Year Business Started (mm/yyyy) \_\_\_\_\_ Type of Business \_\_\_\_\_

LLC

Partnership

Corporation

Proprietorship

**PERSONAL INFORMATION**

(PG 1) Name \_\_\_\_\_ Title \_\_\_\_\_ %Ownership \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Phone # \_\_\_\_\_ Additional phone# \_\_\_\_\_

(PG 2) Name \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Phone # \_\_\_\_\_ Additional phone # \_\_\_\_\_

**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 financed \_\_\_\_\_ Total Price \$ \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**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.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

**ClearView Financial, Inc.**

**Jean Bates**

Sedro Wooley, WA 98284

888-781-2323 or 360-856-5977

Fax 360-854-0405

**jean@clearviewfinancial.com**

Vendor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Email Address: \_\_\_\_\_