

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.

Justin Highland

2900 Euclid Avenue Suite C-3

Wenatchee, WA 98801

866-392-3444 or 509-665-3444

Fax 509-665-3449

justin@clearviewfinancial.com

Vendor _____

Address _____

City _____ St _____ Zip _____

Phone # _____

Fax # _____

Email Address: _____