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Financing Credit Application

COMPLETE LEGAL COMPANY NAME				DBA NAME (if applicable)				
BILLING ADDRESS				CITY	STATE	ZIP		
PHYSICAL ADDRESS				CITY	STATE	ZIP		
EQUIPMENT LOCATION (if different than physical address of business)				CITY	STATE	ZIP		
COUNTY		BUSINESS PHONE #			BUSINESS FAX#	CONTACT CELL #		
NATURE OF BUSINESS WHAT DO YOU FARM #ACRES SOLE PROP CORP PARTNERSHIP L.L.C			L.L.C. OTHER					
FEDERAL ID#	BUSINESS	START DATE	RENT OR OWN	EMAIL AI	DDRESS	MC#	DOT#	

OFFICERS/OWNERS/PARTNERS/MEMBERS GUARANTOR INFORMATION

NAME #1	•	•	NAME #2		
SSN			SSN		
HOME PHONE #			HOME PHONE #		
STREET			STREET		
CITY	ST	ZIP	CITY	ST	ZIP

BUSINESS CHECKING ACCOUNT REFERENCES

BANK NAME			BANK PHONE NUMBER	

EQUIPMENT TO BE FINANCED						
DESCRIPTION AND YEAR	QUANTITY	MODEL #		NEW	USED	
	•					
	EQUIPMENT COST		TERM REQ	UESTED		
	\$					

All information in this application and all attachments is correct to the best of my knowledge. I authorize verification of employment and all financial and other information submitted with this application, including obtaining a credit report, to act on this application. I authorize making continued inquiries about such information and obtaining a credit report during the term of my lease(s) as necessary to administer my lease(s). As required by law, my identity will be verified. I authorize all past or present creditors to release any and all necessary credit information, and to respond fully to requests for information based on this application when transmitted by electronic or other means. The above permissions and authorizations will apply to any creditor to whom this application is submitted. I certify that the lease(s) applied for hereunder are for business, commercial or agricultural purposes and not for personal, family or household purposes. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. A number of federal agencies share enforcement responsibility for this law. Determining which agency to contact depends on the type of creditor you dealt with. Consult the creditor to whom this application, application is addressed for information on its regulator, or contact The Federal Trade Commission, Consumer Response Center, Washington, D.C. 20580, 1-877-382-4357.

Signature	Date	Print Name	Title

Signature_

___ Date____

Title