

Credit Application



Customer Information

Company Name		Street address, City, State, Zip		
County	Contact e-mail address	Address of physical location of equipment		
Federal Tax ID #	Phone	Cell Phone	Fax	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business type	Sales tax exempt? If yes, attach exemption certificate.			Company website
In business since	Nature of business	Years current ownership	Fiscal year end	
Contact Name	Contact email	Contact preferred telephone		

Equipment Supplier Information

	<input type="checkbox"/> 36 months	<input type="checkbox"/> 48 months	<input type="checkbox"/> 60 months
	<input type="checkbox"/> Other:		
Amount requested	Term	Equipment Description	
4K Equipment, LLC	5900 NE 152 nd Ave Suite 120 Vancouver, WA 98682	360-571-2346	
Supplier Name	Supplier Address	Supplier Phone	

Principal Information

1.	Name/title	% of ownership	SSN/DOB	Home address	Home phone
2.	Name/title	% of ownership	SSN/DOB	Home address	Home phone
3.	Name/title	% of ownership	SSN/DOB	Home address	Home phone

Business Banking Relationship

Bank name	Bank contact name	Account number/type	Telephone number	Bank fax number
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Are there any suits, judgments or tax liens against the Applicant or any of the above principals, or has the Applicant or any of the above principals ever declared bankruptcy? Yes No If yes, explain on a separate page.

Comments:

Internal Tracking

Sales Representative	Email	Phone	Invoice Number
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Application will be submitted to Finance Institutions for approval