



ATTN: Jake Hebenstreit

Cell: 503-679-7370

EQUIPMENT FINANCE/LEASE APPLICATION

BUSINESS	BUSINESS NAME				DATE	TELEPHONE
	ADDRESS		CITY	STATE	ZIP	FAX
	TYPE OF BUSINESS		TIME IN BUSINESS	FEDERAL TAX ID#		CELL PHONE
	EQUIPMENT LOCATION (STREET)		CITY	STATE	ZIP	EMAIL ADDRESS
	<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC					STATE OF INCORPORATION

OWNERSHIP	PRINCIPAL'S NAME		TITLE	% OWNER	GUARANTEE <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY NUMBER
	HOME ADDRESS		CITY	STATE	ZIP	HOW LONG <input type="checkbox"/> OWN <input type="checkbox"/> RENT
	PRINCIPAL'S NAME		TITLE	% OWNER	GUARANTEE <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY NUMBER
	HOME ADDRESS		CITY	STATE	ZIP	HOW LONG <input type="checkbox"/> OWN <input type="checkbox"/> RENT
	PRINCIPAL'S NAME		TITLE	% OWNER	GUARANTEE <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY NUMBER
	HOME ADDRESS		CITY	STATE	ZIP	HOW LONG <input type="checkbox"/> OWN <input type="checkbox"/> RENT

BANKS	BANK NAME	BRANCH/CITY	TELEPHONE	FAX	CONTACT	ACCOUNT NUMBER

LENDERS	LENDER NAME	BRANCH/CITY	TELEPHONE	FAX	CONTACT	ACCOUNT NUMBER

TRADES	SUPPLIER NAME	BRANCH/CITY	TELEPHONE	FAX	CONTACT	ACCOUNT NUMBER

EQUIPMENT	VENDOR NAME				CONTACT	EMAIL ADDRESS
	STREET ADDRESS		CITY	STATE	ZIP	TELEPHONE
	EQUIPMENT TO BE LEASED/FINANCED					FAX
	EQUIPMENT COST		DELIVERY DATE	TERMS	ADVANCE PAYMENTS	END OF LEASE PO

APPLICANT'S STATEMENT AND AUTHORIZATION TO RELEASE BANK INFORMATION

Applicant hereby authorizes Fully Equipped Leasing, LLC, its nominees or assigns ("Lessor"), to check Applicant's credit and bank records, and specifically authorizes all of its bankers and creditors to release to Lessor any information Lessor requests. By signing below, the undersigned individual(s) authorizes Lessor to review his/her personal credit profile from any commercial credit bureau for the purpose of extending or renewing any credit facility, or to collect the resulting account. A photostat or facsimile copy of A photostat or facsimile copy of this authorization is valid as the original. By signing below, I/we affirm our identity as the respective individuals identified in this application. Individual(s) signing below also hereby affirm that Applicant wishes to utilize Fully Equipped Leasing, LLC and no other brokers with respect to the above listed equipment. It is understood by all parties that any deposits or documentation fees shall be considered liquidated damages in the event Lessor secures an approval but Applicant opts not to proceed.

1. Signature _____
2. Signature _____
3. Signature _____
4. Signature _____