



**EXPRESS LEASE
CREDIT APPLICATION**

18110 E. Valley Hwy
KENT, WA 98032
(425) 251-6000 (888) 819-3149 • FAX (425) 251-6258
www.nwfl.com email: info@nwfl.com

CREDIT APPLICATION

Lessee's Name	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Physical Address	State of Incorporation
	Date ____ / ____ / ____

City, State, Zip _____ Phone Number () _____

Mailing Address _____ Cell Phone Number () _____

Nature of Business	Years in Business	# of Employees	
Principal	Social Security Number	* Equipment Cost	\$
Home Address	Percentage of ownership	* Other	\$
City, State, Zip	Home Phone Number ()	TOTAL LEASE AMT:	\$
Principal	Social Security Number	* If sales tax payment is required (e.g. CA, ME, NV, NJ) rather than use tax (tax on monthly payment) Add sales tax to above total lease base.	
Home Address	Percentage of ownership	FED TAX I.D. #	
City, State, Zip	Home Phone Number ()	UBI Number	

Vendor Name _____ Contact _____ Phone Number () _____

Equipment Description _____ Lease Terms (Mo.) _____

Bank Reference: Name & Branch _____ Account Officer _____ Phone Number () _____

City, State, Zip _____ Checking Account Number _____

Trade References (Name, Address, Telephone Numbers, Account Numbers)

1. (Landlord) _____
2. _____
3. _____
4. _____

Insurance Information (Name, Address, Telephone Number, Policy Number)

1. _____

RELEASE: We have answered the questions in this application fully and truthfully. We understand that you or your lender may check our credit records and any statement we have made. We give all of our creditors permission to give to you or your lender any information you or your lender need to determine whether you wish to grant credit to us. We also grant permission to you or your lender to provide to credit reporting agencies and other creditors information relating to us. I authorize all deposits and borrowing information to be released by telephone or fax.

SIGNATURE _____ TITLE _____ DATE _____