

Full Circle Finance
 11 Spokane St., Suite 306
 Wenatchee, WA 98801



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 Fax: 888-223-3600
 www.fullcircellc.us

Equipment Financing Credit Application

COMPLETE LEGAL COMPANY NAME		DBA NAME (if applicable)		
BILLING ADDRESS		CITY	STATE	ZIP
PHYSICAL ADDRESS		CITY	STATE	ZIP
COUNTY	BUSINESS PHONE #	BUSINESS FAX#	CONTACT CELL #	
NATURE OF BUSINESS		<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> CORP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> L.L.C. <input type="checkbox"/> OTHER LIST ALL STATES BUSINESS IS FORMED IN:		
FEDERAL ID#	BUSINESS START DATE	YEARS OF CURRENT OWNERSHIP	EMAIL ADDRESS	

OFFICERS/OWNERS/PARTNERS/MEMBERS GUARANTOR INFORMATION

NAME #1			NAME #2			NAME #3		
TITLE	%OWNED		TITLE	%OWNED		TITLE	%OWNED	
SSN			SSN			SSN		
HOME PHONE #			HOME PHONE #			HOME PHONE #		
STREET			STREET			STREET		
CITY	ST	ZIP	CITY	ST	ZIP	CITY	ST	ZIP
Have you or your business filed bankruptcy in the past 10 years? When? What type?			Have you or your business filed bankruptcy in the past 10 years? When? What type?			Have you or your business filed bankruptcy in the past 10 years? When? What type?		

BUSINESS CHECKING ACCOUNT REFERENCES

BANK NAME	ACCOUNT NUMBER	PHONE NUMBER	CONTACT
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BUSINESS TRADE ACCOUNT AND/OR LEASE/LOAN REFERENCES

COMPANY NAME	ACCOUNT NUMBER	PHONE NUMBER	CONTACT
INSURANCE COMPANY	PHONE NUMBER	CONTACT	

EQUIPMENT TO BE LEASED AND VENDOR/SUPPLIER INFORMATION

DESCRIPTION	QUANTITY	NEW <input type="checkbox"/>	USED <input type="checkbox"/>
	EQUIPMENT COST \$	FINANCE TERM REQUESTED	
<input type="checkbox"/> VENDOR/DEALER SALE <input type="checkbox"/> PRIVATE PARTY SALE <input type="checkbox"/> LINE OF CREDIT <input type="checkbox"/> OTHER			
VENDOR NAME	CONTACT PERSON	PHONE #	

Each of the above listed **individuals** is/are willing to serve as guarantor of the above transaction. Each of the undersigned on his or her behalf, authorize(s) Full Circle Finance, Inc. and its nominees to **periodically** obtain, and all such parties to release, credit and financial information (personal or business) requested by Full Circle Finance, Inc. or its nominees and for such parties to provide information to others regarding their relations with the undersigned. I/we completed this application to obtain credit for the applicant and certify that all statements contained herein are true and correct.

Signature _____ Date _____ Print Name _____ Title _____

Signature _____ Date _____ Print Name _____ Title _____

Signature _____ Date _____ Print Name _____ Title _____