



FedEx - Lease Application

7350 Cirque Dr W – Suite 105 • University Place, WA 98467

(253) 460-1111 • (800) 290-1225 • Fax (253) 460-1940

CHOOSE ONE: GROUND HOME DELIVERY LINEHAUL CUSTOM CRITICAL

BUSINESS INFORMATION

Please Type or Print Legibly

BUSINESS NAME (if start-up contractor skip to personal info section)		DOT # (required for title transfer)		FEDERAL TAX ID #	
ADDRESS		CITY		STATE	
TELEPHONE		FAX		CELL / PAGER #	
TYPE OF BUSINESS		TIME IN BUSINESS UNDER CURRENT OWNERSHIP?		FedEx ID #	
				E-MAIL ADDRESS	
				BUSINESS STRUCTURE	
				<input type="checkbox"/> PROP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORP <input type="checkbox"/> LLC <input type="checkbox"/> NON-PROFIT	

FEDEX CONTACT INFORMATION

FedEx Contact Name at Station	Contact Phone/Fax	Station Number	Are you an existing Contractor?	How Long?
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PERSONAL INFORMATION

CONTRACTOR NAME		SS#		HOME PHONE / PAGER / CELL #	
PHYSICAL HOME ADDRESS		STREET		CITY	
				COUNTY	
				STATE	
				ZIP CODE	
SPOUSE LEGAL NAME		SS#		HOME PHONE / PAGER / CELL #	
Are you currently a Homeowner?		Value?		Balance Owning?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		\$		\$	
				Payment Amount?	
				\$	

EMPLOYMENT

CURRENT EMPLOYER	HOW LONG?	POSITION / ANNUAL SALARY
	___ YRS ___ MOS	
EMPLOYER IF LESS THAN 2 YRS AT CURRENT	HOW LONG?	POSITION / ANNUAL SALARY
	___ YRS ___ MOS	
SPOUSE EMPLOYED?	HOW LONG?	POSITION / ANNUAL SALARY
<input type="checkbox"/> YES <input type="checkbox"/> NO	___ YRS ___ MOS	

BANKING REFERENCE

(if current bank has been opened less than 2 yrs – provide prior bank info)

BANK	PHONE	ACCT#	CONTACT
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VEHICLE INFORMATION (you wish to finance)

YEAR	MAKE	MODEL
<input type="checkbox"/> TRUCK OR <input type="checkbox"/> VAN		TERM REQUESTED:
		___ 72 MOS ___ 60 MOS ___ 48 MOS ___ 36 MOS ___ 24 MOS
SELLING PRICE	DOWN PAYMENT	SECURITY DEPOSIT
		PURCHASE OPTION
		<input type="checkbox"/> \$1.00 Buyout <input type="checkbox"/> FMV/10%

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Harbor Financial Services or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application. Authorization is hereby granted to request and extend credit information without liability on the part of the Lender or references above, and/or its assigns. I further authorize our bank, trades & financial institutions the right to release by telephone or fax all credit information requested by Harbor Financial Services and/or its assigns.

Signature 1: X _____ Date: _____ Signature 2: X _____ Date: _____

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain a statement, please contact Lessor set forth above within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.