



Harbor Financial Services NW, LLC

7350 Cirque Drive West #105 University Place, WA 98467

# Lease Application

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

Business Information					
LEGAL COMPANY NAME	DBA			FEDERAL TAX ID #	
COMPANY ADDRESS	STREET	CITY	COUNTY	STATE	ZIP CODE
TELEPHONE	FAX	E-MAIL/WEB SITE ADDRESS		AUTHORIZED SIGNER/TITLE	
TYPE OF BUSINESS <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> NON-PROFIT			DATE OF INCORPORATION	YEARS IN BUSINESS	
NATURE OF BUSINESS		BUSINESS LANDLORD (if applicable)	TELEPHONE	LENGTH OF RENTAL	RENT/MONTH

Business Bank References								
BANK NAME	ACCOUNT #	PHONE	OFFICER	DATE OPENED	CK <input type="checkbox"/>	SV <input type="checkbox"/>	CD <input type="checkbox"/>	LOANS <input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trade References (With Credit Terms)			
TRADE NAME	TELEPHONE/FAX	CONTACT	ACCOUNT #

Personal Information on Officers, Partners or Guarantors				
(1) FULL LEGAL NAME	TITLE	SS#	%OWNERSHIP	HOME PHONE
PHYSICAL HOME ADDRESS	STREET	CITY	STATE	ZIP CODE
(2) FULL LEGAL NAME	TITLE	SS#	%OWNERSHIP	HOME PHONE
PHYSICAL HOME ADDRESS	STREET	CITY	STATE	ZIP CODE

Equipment Information			
VENDOR NAME	ADDRESS	VENDOR PHONE	VENDOR FAX
EQUIPMENT	COST OF EQUIPMENT WITHOUT TAX		
LENGTH OF TERM REQUESTED (1-5yr)			
INSURANCE COMPANY COVERING EQUIPMENT	AGENT NAME	PHONE	

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 Lessor 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 of Lessee 1: X Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Lessee 2: X Title: \_\_\_\_\_ 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.