

CREDIT APPLICATION

3724 Lake Washington Blvd NE Kirkland, WA 98033 P: (877) 298-4676 F: (888) 678-3468

Please email completed application to:

Jake Sapoznick 877-298-4676 Ext.038

jacob@hilfinancial.com & info@oakridgepoly.com

VEDNOR INFORMATION

Vendor Name

| Vendor Address | S | | City | County | State | Zip | | |
|---|---|---|--|---|--|--|-----------------------|--|
| Contact Person | | | Telephone Num | ber | | | | |
| CUSTOME | R INFORM A | ATION | | | | | | |
| Legal Company | / Name | | | Federal Tax ID # | <u>.</u> | Time In Business | | |
| Company Addr | ess | | City | County | State | Zip | | |
| Signer | | Title | | Telephone Numb | er Email | | | |
| Nature of Busin | iess | Dunn # | Type of Busines | s: 🗌 Sole Proprietorsh | ip 🗌 Partner | ship Corporation I | LLC | |
| PERSONAL | L INFORMA | TION | | | | | | |
| Owner Name Title | | | Social Security Number | | % of Ownership | % of Ownership | | |
| Home Address | | | City | State | Zip | Home Phone Ho | ow Long? | |
| Owner Name | Owner Name Title | | Social Security Number | | % of Ownership | | | |
| Home Address | | | City | State | Zip | Home Phone Ho | ow Long? | |
| COMPANY | BANK REF | TERENCES - TWO YI | EARS | | | | | |
| Name of Bank and Branch | | | How Long | Telephone | Contact Offic | er | | |
| Checking Account Number | | | Savings Account Number | | Loan Account | Loan Account Number | | |
| COMPARA | BLE BUSIN | ESS LEASE / LOAN] | REFERENCE | | | | | |
| Creditor | Acct # | Telephone | Amount Finance | d \$ | Monthly Payn | nent \$ | | |
| | | | | | | | | |
| EQUIPME | NT INFORM | IATION | | | | | | |
| Year | | Make | Model | | | | | |
| Requested Term | n: 🗌 6@\$99 | Monthly Quart | terly 🗌 Semi-Ani | nually Other | | | | |
| credit profile prov resultant accounts | vided by national cross. By the execution | edit bureaus in considering this Ap of the lease agreement, I/We warra | pplication and for the pur ant that the information s | pose of the update, renewa ubmitted herein is true and | l, or extension of cred correct and hereby au | or potential assigns, to review his lit to the Applicant or the collectio thorize that any bank, lending ins- ication. It is understood that the se | n of any titution, | |

deposit is not refundable unless the application is rejected by Lessor, any and all disputes must be heard in the county of King, state of WA. Further, I/We warrant it is understood that Lessor reserves the right to reverse any credit decision if the information contained herein is found to be incorrect, and I/We will indemnify Lessor for any and all costs incurred with this application for credit including any cost incurred in the placement or reservation of the intended leased equipment based on the information contained herein.

| Signature X | _Date: |
|-------------|--------|
| Signature X | _Date: |
| | |