



**Willamette Financial**  
**14845 SW Murray Scholls Dr.**  
**Suite 110, PMB 510**  
**Beaverton, OR 97007**

(503)639-6171 ext 104 Tel. (503) 405-7230 Fax.  
 Mark A. Farnario

**EQUIPMENT FINANCING APPLICATION**

|  |                      |                 |              |                             |
|--|----------------------|-----------------|--------------|-----------------------------|
| <b>B<br/>U<br/>S<br/>I<br/>N<br/>E<br/>S<br/>S</b> | BUSINESS NAME/LESSEE |                 | TELEPHONE    | FAX:                        |
|  | ADDRESS (STREET)     |                 | (CITY)       | (STATE) (COUNTY) (ZIP CODE) |
|  | TYPE OF BUSINESS     | AGE OF BUSINESS | CELL PHONE # | FED. TAX NO.                |
|  | EMAIL ADDRESS:       |                 |              |                             |

|  |                       |        |             |                |               |
|--|-----------------------|--------|-------------|----------------|---------------|
| <b>O<br/>W<br/>N<br/>E<br/>R<br/>S<br/>H<br/>I<br/>P</b> | Business Structure    |        |             |                |               |
|  | PRINCIPAL'S NAME      | TITLE  | % OWNERSHIP | DATE OF BIRTH. | SOC. SEC. NO. |
|  | HOME ADDRESS (STREET) |        | (CITY)      | (STATE)        | (ZIP CODE)    |
|  | PRINCIPAL'S NAME      | TITLE  | % OWNERSHIP | DATE OF BIRTH. | SOC. SEC. NO. |
|  | HOME ADDRESS (STREET) |        | (CITY)      | (STATE)        | (ZIP CODE)    |
|  | PRINCIPAL'S NAME      | TITLE  | % OWNERSHIP | DATE OF BIRTH  | SOC. SEC. NO. |
| HOME ADDRESS (STREET)                                    |                       | (CITY) | (STATE)     | (ZIP CODE)     |               |

|                                  |                       |   |              |              |
|----------------------------------|-----------------------|---|--------------|--------------|
| <b>B<br/>A<br/>N<br/>K<br/>S</b> | BANK                  | BRANCH  | FAX          | TELEPHONE    |
|                                  | ACCOUNT UNDER NAME OF | CHECKING ACCT. NO.                                  | ACCOUNT TYPE | CONTACT NAME |
|                                  | BANK                  | BRANCH  | FAX          | TELEPHONE    |
|                                  | ACCOUNT UNDER NAME OF | <b>Please provide Last 3 Months Bank Statements</b> |              | CONTACT NAME |
|                                  | BANK                  | BRANCH  | FAX          | TELEPHONE    |
|                                  | ACCOUNT UNDER NAME OF | CHECKING ACCT. NO.                                  | ACCOUNT TYPE | CONTACT NAME |

|  |              |             |               |                |
|--|--------------|-------------|---------------|----------------|
| <b>E<br/>Q<br/>U<br/>I<br/>P<br/>M<br/>E<br/>N<br/>T</b> | COMPANY NAME | ACCOUNT NO. | TELEPHONE NO. | CONTACT PERSON |
|  |              |             |               |                |
|  |              |             |               |                |
|  |              |             |               |                |

|  |                           |                |  |           |
|--|---------------------------|----------------|--|-----------|
| <b>E<br/>Q<br/>U<br/>I<br/>P<br/>M<br/>E<br/>N<br/>T</b> | VENDOR                    |                |  | CONTACT   |
|  | ADDRESS (STREET)          |                |  | TELEPHONE |
|  | (CITY) (STATE) (ZIP CODE) |                |  |           |
|  | EQUIPMENT TO BE LEASED    |                |  |           |
| COST OF EQUIPMENT  |                           | TERMS OF LEASE |  |           |

Applicant - The under signed individual as principal of and/or guarantor for the applicant provides written consent to Willamette Financial Funding Services, LLC and/or assigns or potential assigns, authorizing review of his/her personal credit profile from a national credit bureau, and review of bank account and trade information now and from time to time, as may be needed in the credit evaluation and review process and waves any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent. A fax or photocopy of this authorization shall be valid as the original.

**X**

SIGNATURE/TITLE

DATE