

ClearView Financial, Inc.

64 Basin Street SW
Ephrata, WA 98823
509-754-8805 / 888-408-8805
Fax 509-754-8809
www.clearviewfinancial.com

CREDIT APPLICATION

FULL LEGAL COMPANY NAME with DBA NAME

Physical Address _____ City _____ County _____ St _____ Zip _____

Mailing Address _____ City _____ St _____ Zip _____

Phone # _____ Fax # _____

Federal ID# _____ Org. ID# _____

Company Website: _____ Email Address: _____

Insurance Co. _____ Phone # _____ Fax # _____

Year Business Started (MM/YYYY) _____ Type of Business: Rental FEC Trucking(Local) Campground

Mark One that applies: Corporation LLC Partnership Proprietorship

PERSONAL INFORMATION

(PG 1) Name _____ Title _____ %Ownership _____

Home Address _____ City/State/Zip _____

Social Security # _____ Home Phone # _____ Cell # _____

(PG 2) Name _____ Title _____ % Ownership _____

Home Address _____ City/State/Zip _____

Social Security # _____ Home Phone # _____ Cell # _____

CREDIT REFERENCES

Primary Business Bank _____ Contact Person _____

Account #: Checking _____ Savings _____ Loan Yes No # _____

Bank Phone # _____ Fax # _____

TRADE REFERENCES

Firm Name _____ Phone # _____ Acct # _____

Fax # _____

Firm Name _____ Phone # _____ Acct # _____

Fax # _____

Firm Name _____ Phone # _____ Acct # _____

Fax # _____

Equipment to be leased/financed _____ Total Price \$ _____

Vendor _____ Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Contact _____

PLEASE READ AND SIGN

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of obligations, provides written instruction to ClearView Financial, Inc. or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit and/or financial/banking information. 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.

PG1

Signature Date

PG2

Signature Date