



Hunter Leasing, Inc.

2725 Wetmore Avenue, Suite 200
Everett, WA 98201
Phone: (425) 303-8808 • Fax (425) 303-0295

COMPLETE LEGAL COMPANY NAME				DBA NAME			
STREET ADDRESS			CITY			STATE	ZIP
COUNTY	BUSINESS PHONE #		BUSINESS FAX #		CELLULAR #		
NATURE OF BUSINESS				<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> CORP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> OTHER			
FEDERAL ID #	STATE/UBI #	DATE STARTED OR DATE INCORPORATED	YEARS UNDER CURRENT OWNERSHIP YEARS	EMAIL ADDRESS		WEB SITE ADDRESS	

OFFICERS/OWNERS/PARTNER INFORMATION

NAME #1			NAME #2			NAME #3		
TITLE	% OWNED		TITLE	% OWNED		TITLE	% OWNED	
SSN			SSN			SSN		
HOME PHONE #			HOME PHONE #			HOME PHONE #		
STREET			STREET			STREET		
CITY	ST	ZIP	CITY	ST	ZIP	CITY	ST	ZIP

BUSINESS CHECKING ACCOUNT REFERENCES

BANK	ACCOUNT NUMBER	CONTACT PERSON	BANK PHONE NUMBER
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OTHER LEASE COMPANY OR LOAN REFERENCE

COMPANY NAME	ACCOUNT NUMBER	CONTACT PERSON	PHONE NUMBER
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BUSINESS TRADE ACCOUNT REFERENCES

COMPANY NAME	PHONE NUMBER	ACCOUNT #	CONTACT

DESCRIPTION OF EQUIPMENT TO BE LEASED

DESCRIPTION	QUANTITY	MODEL #	NEW <input type="checkbox"/>	USED <input type="checkbox"/>
	EQUIPMENT COST \$		LEASE TERM REQUESTED	
<input type="checkbox"/> VENDOR/DEALER SALE <input type="checkbox"/> PRIVATE PARTY SALE <input type="checkbox"/> LINE OF CREDIT <input type="checkbox"/> OTHER				
EQUIPMENT LOCATION ADDRESS IF OTHER THAN BUSINESS ADDRESS				

VENDOR/SUPPLIER OF EQUIPMENT INFORMATION

VENDOR/SUPPLIER NAME	CONTACT	PHONE #
VENDOR ADDRESS		

INSURANCE COMPANY INFORMATION

AGENCY NAME	AGENT/CONTACT PERSON	PHONE #
ADDRESS:		POLICY #

The undersigned is/are willing to serve as guarantor of the above transaction. The undersigned authorize(s) Hunter Leasing, Inc. and its nominees to obtain, and all parties to release, credit and financial information (personal or business) requested by Hunter Leasing, Inc. or its nominees and for such parties to provide information to others regarding their relations with the undersigned. I/we completed this application to obtain credit with the applicant and certifies that all statements contained herein are true and correct.

Signature _____ Date _____
Name (please print) _____ Title _____
Signature _____ Date _____
Name (please print) _____ Title _____