



ClearView Financial, Inc.

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

CREDIT APPLICATION EXACT LEGAL COMPANY NAME

Address _____

City _____ St _____ Zip _____

County _____

Phone () _____ Fax _____

Federal ID# _____

Year Business Started (mm/yy) _____

Type of Business _____

Vendor _____

Address _____

City _____ St _____ Zip _____

County _____ Phone () _____

Fax _____

- LLC
- Partnership
- Corporation
- Proprietorship

PERSONAL INFORMATION

(PG 1) Name/Title _____ Social Security # _____

Home Address _____ Phone _____

(PG 2) Name/Title _____ Social Security # _____

Home Address _____ Phone _____

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 _____

Insurance Co. _____ Phone () _____ Fax # _____

Total Price \$ _____

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 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.

PG1
Signature _____ Date _____

PG2
Signature _____ Date _____