



**ClearView Financial, Inc.**

Todd Mickey  
159 S. Worthen St. Suite 200  
Wenatchee, WA. 98801  
888-423-7525 / 509-423-7525 Ext. 22  
Fax 509-423-7528  
[www.clearviewfinancial.com](http://www.clearviewfinancial.com)

**CREDIT APPLICATION**

Print FULL LEGAL COMPANY NAME with DBA NAME on above line

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 \_\_\_\_\_

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