

ANDALON PARTNERS, LLC

Please fax to 206.600.5312

Attention: Credit

COMPANY INFORMATION						
Legal Company Name:				Email Address		
Company Address:						
City		State		Zip		
Main Company Phone			Fax			
Primary Contact:			Title		Cell Phone:	
Alternate Contact:			Title		Phone /Ext	
Entity Type (Check ONE) Sole Prop <input type="checkbox"/> Corp. <input type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/>				Time In Business Yrs. Mos.		*Fed ID#
PERSONAL INFORMATION						
Officer Name		DOB		*SS#	Ownership %	
Own: <input type="checkbox"/> Rent <input type="checkbox"/>						
Home Address:		City		State:	Zip	
Officer Name		DOB		*SS#	Ownership %	
Own: <input type="checkbox"/> Rent <input type="checkbox"/>						
Home Address:		City		State	Zip	
BANK INFORMATION						
Bank Name		Account Number		Contact	Phone	
Bank Name		Account Number		Contact	Phone	
EQUIPMENT/VENDOR INFORMATION						
Vendor Name:		Contact		Phone	Fax	
Equipment Type:		Amount: \$		New <input type="checkbox"/> Used <input type="checkbox"/>	Time frame of Acquisition	
Lease Term in Months		Purchase Option		\$1 <input type="checkbox"/> 10% <input type="checkbox"/>	Monthly Budget \$	
12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/>						
By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor 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.						
SIGNATURE:		PRINT NAME:		DATE:		
SIGNATURE:		PRINT NAME:		DATE:		