

CREDIT APPLICATION



Ryan Ponti

Business Development Executive

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LEGAL BUSINESS NAME	FEDERAL ID#	BUSINESS TELEPHONE NO.

DBA	EMAIL:

BUSINESS ADDRESS	CITY	STATE	COUNTY	ZIP CODE

NATURE OF BUSINESS	AGE OF BUSINESS	YRS YOU'VE OWNED THE BUSINESS	BUSINESS STRUCTURE (CIRCLE ONE)
			Sole Prop Corp LLC Partnership

OWNERSHIP:

1. PRINCIPAL NAME	TITLE	% OWNERSHIP	HOME OWNERSHIP	SOC. SEC. NO.
			YES NO	

1. HOME ADDRESS (STREET)	CITY	STATE	ZIP CODE	PRIMARY PHONE NO.

2. PRINCIPAL NAME	TITLE	% OWNERSHIP	HOME OWNERSHIP	SOC. SEC. NO.
			YES NO	

2. HOME ADDRESS (STREET)	CITY	STATE	ZIP CODE	PRIMARY PHONE NO.

3. PRINCIPAL NAME	TITLE	% OWNERSHIP	HOME OWNERSHIP	SOC. SEC. NO.
			YES NO	

3. HOME ADDRESS (STREET)	CITY	STATE	ZIP CODE	PRIMARY PHONE NO.

EQUIPMENT DEALER/SUPPLIER:

VENDOR	EQUIPMENT COST	EQUIPMENT TYPE	TERM	SALES REP	PRIMARY PHONE NO.
Northwest Industrial Equipment			12 24 36 48 60 72	Howard Levens	253-872-6060

Applicant(s), Debtor(s), Lessee(s), Borrower(s), authorizes the release of any relevant credit information, including credit reports, loan, lease, equipment finance agreements, equipment finance contracts, conditional sales agreements, checking, saving, and trade accounts to RTD Financial, Inc., RTD Equipment Finance and/or any of its assigns. Applicant(s), Debtor(s), Lessee(s), Borrower(s), warrants that the information stated above is true and correct. Authorization is granted to use photo, fax, scanned/electronic copies of this credit application and Applicants, Debtor(s), Lessee(s), Borrower(s), signature thereon to obtain credit information.

X

1. Borrower/Lessee

Date

X

2. Borrower/Lessee

Date

✓ **Fax completed application to: 1-425-482-3164 or scan to: ryan@rtdequipmentfinance.com**