

**Dianna Paz**  
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**WILLAMETTE**

**EQUIPMENT FINANCING APPLICATION**

**(503)639-6171 Tel. (541) 804-7573 Fax.**

<b>B U S I N E S S</b>	BUSINESS NAME/LESSEE		TELEPHONE	FAX:
	ADDRESS (STREET)		(CITY)	(STATE) (COUNTY) (ZIP CODE)
	TYPE OF BUSINESS	AGE OF BUSINESS	CELL PHONE #	FED. TAX NO.
	EMAIL ADDRESS:			

<b>O W N E R S H I P</b>	Business Structure				
	PRINCIPAL'S NAME	TITLE	% OWNERSHIP	DATE OF BIRTH.	SOC. SEC. NO.
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)
	PRINCIPAL'S NAME	TITLE	% OWNERSHIP	DATE OF BIRTH.	SOC. SEC. NO.
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)
	PRINCIPAL'S NAME	TITLE	% OWNERSHIP	DATE OF BIRTH	SOC. SEC. NO.
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	

<b>B A N K S</b>	BANK	BRANCH	FAX	TELEPHONE
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	ACCOUNT TYPE	CONTACT NAME
	BANK	BRANCH	FAX	TELEPHONE
	ACCOUNT UNDER NAME OF	<b><u>Please provide Last 3 Months Bank Statements</u></b>		CONTACT NAME
	BANK	BRANCH	FAX	TELEPHONE
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	ACCOUNT TYPE	CONTACT NAME

<b>E Q U I P M E N T</b>	COMPANY NAME	ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON

<b>E Q U I P M E N T</b>	VENDOR			CONTACT
	ADDRESS (STREET)			TELEPHONE
	(CITY) (STATE) (ZIP CODE)			
	EQUIPMENT TO BE LEASED			
COST OF EQUIPMENT		TERMS OF LEASE		

Applicant – The under signed individual as principal of and/or guarantor for the applicant provides written consent to Willamette Financial Funding Services, LLC and/or assigns or potential assigns, authorizing review of his/her personal credit profile from a national credit bureau, and review of bank account and trade information now and from time to time, as may be needed in the credit evaluation and review process and waves any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent. A fax or photocopy of this authorization shall be valid as the original.

**X**

SIGNATURE/TITLE

DATE