



**KABOT COMMERCIAL LEASING**  
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**CREDIT APPLICATION**

**COMPANY INFORMATION**

LEGAL BUSINESS NAME \_\_\_\_\_  
DBA \_\_\_\_\_  
 PROPRIETORSHIP    PARTNERSHIP    CORPORATION    L.L.C.   FED TAX ID # \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_  
# OF YEARS & MONTHS IN BUSINESS \_\_\_\_\_ NATURE OF BUSINESS \_\_\_\_\_ WITHIN CITY LIMITS? **Y / N**

**OFFICER OR OWNER INFORMATION**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ % OF OWNERSHIP \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_ HOME PHONE # \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
NAME \_\_\_\_\_ TITLE \_\_\_\_\_ % OF OWNERSHIP \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_ HOME PHONE # \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**SUPPLIER & EQUIPMENT**

SUPPLIER NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ TYPE OF EQUIPMENT \_\_\_\_\_

**BUSINESS BANKING INFORMATION** (PLEASE PROVIDE 2 YEARS OF BUSINESS BANKING HISTORY)

NAME OF BANK \_\_\_\_\_ PHONE # \_\_\_\_\_  
ACCOUNT # \_\_\_\_\_ CONTACT AT BANK \_\_\_\_\_  
NAME OF BANK \_\_\_\_\_ PHONE # \_\_\_\_\_  
ACCOUNT # \_\_\_\_\_ CONTACT AT BANK \_\_\_\_\_

**TRADE REFERENCES**

NAME OF BANK \_\_\_\_\_ PHONE # \_\_\_\_\_ CONTACT/ACCOUNT # \_\_\_\_\_  
NAME OF BANK \_\_\_\_\_ PHONE # \_\_\_\_\_ CONTACT/ACCOUNT # \_\_\_\_\_  
NAME OF BANK \_\_\_\_\_ PHONE # \_\_\_\_\_ CONTACT/ACCOUNT # \_\_\_\_\_

**PLEASE READ & SIGN**

The undersigned individual who is either a principal, a personal guarantor or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of credit history of the applicant, hereby consents and authorizes Kabot Commercial Leasing and/or its ASSIGNEES the use of a consumer credit report on the undersigned, from time to time as may be needed. Such authorization shall extend to obtaining a credit profile, banking and trade references in considering the application of the credit applicant and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photostatic or facsimile copy of this authorization shall be valid as the original. We understand that ANY information obtained will be treated confidentially.

BY SIGNATURE BELOW, I/WE AFFIRM OUR IDENTITY AS THE RESPECTIVE INDIVIDUALS IDENTIFIED IN THIS APPLICATION.

Signature: **X** \_\_\_\_\_ Company: \_\_\_\_\_  
Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: **X** \_\_\_\_\_  
Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_