

Vendor Information:  
**Dealership: Northwest Bus Sales, Inc.**  
**Address: 33207 Pacific Hwy S**  
**Federal Way, WA 98003**  
**Phone: 800-231-7099 - Fax: 253-845-9384**

Salesperson:  
**TBD**  
**Phone: 800-231-7099**  
**Email: [sales@nwbus.com](mailto:sales@nwbus.com)**  
**Web: [www.nwbus.com](http://www.nwbus.com)**

Equipment Financing Credit Application – Company to be Determined.

COMPLETE LEGAL COMPANY NAME				DBA NAME (if applicable)			
BILLING ADDRESS				CITY		STATE	ZIP
PHYSICAL ADDRESS				CITY		STATE	ZIP
EQUIPMENT LOCATION (if different than physical address of business)				CITY		STATE	ZIP
COUNTY		BUSINESS PHONE #		BUSINESS FAX#		CONTACT CELL #	
NATURE OF BUSINESS				<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> CORP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> L.L.C. <input type="checkbox"/> OTHER LIST ALL STATES BUSINESS IS FORMED IN			
FEDERAL ID#	STATE/UBI #	BUSINESS START DATE	CURRENT OWNERSHIP yrs	EMAIL ADDRESS		WEB SITE ADDRESS	

OFFICERS/OWNERS/PARTNERS/MEMBERS GUARANTOR INFORMATION

NAME #1		NAME #2		NAME #3	
TITLE	%OWNED	TITLE	%OWNED	TITLE	%OWNED
SSN		SSN		SSN	
HOME PHONE #	DOB	HOME PHONE #	DOB	HOME PHONE #	DOB
STREET		STREET		STREET	
CITY	ST	ZIP	CITY	ST	ZIP
Have you or your business filed bankruptcy in the past 10 years?		Have you or your business filed bankruptcy in the past 10 years?		Have you or your business filed bankruptcy in the past 10 years?	

BUSINESS CHECKING ACCOUNT REFERENCES

BANK NAME	ACCOUNT NUMBER	CONTACT PERSON	BANK PHONE NUMBER
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OTHER LEASE COMPANY OR LOAN REFERENCE

COMPANY NAME	ACCOUNT NUMBER	CONTACT PERSON	PHONE NUMBER
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BUSINESS TRADE ACCOUNT REFERENCES

COMPANY NAME	PHONE #	ACCOUNT #	CONTACT

LANDLORD NAME	CONTACT PERSON	PHONE #
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EQUIPMENT TO BE LEASED AND VENDOR/SUPPLIER INFORMATION

DESCRIPTION	QUANTITY	MODEL #	NEW <input type="checkbox"/>	USED <input type="checkbox"/>
	EQUIPMENT COST \$		LEASE TERM REQUESTED	
<input checked="" type="checkbox"/> VENDOR/DEALER SALE <input type="checkbox"/> PRIVATE PARTY SALE <input type="checkbox"/> LINE OF CREDIT <input type="checkbox"/> OTHER				
VENDOR NAME Northwest Bus Sales		CONTACT PERSON		PHONE # 800-231-7099

Each of the above listed guarantors is/are willing to serve as guarantor of the above transaction. Each of the undersigned on his or her behalf and on behalf of any such party not signing, whom the undersigned represents has given the undersigned authority to sign on his or her behalf, authorize(s) Northwest Bus Sales, Inc. and its nominees to obtain, and all such parties to release, credit and financial information (personal or business) requested by Northwest Bus Sales, Inc. or its nominees and for such parties to provide information to others regarding their relations with the undersigned and each such other guarantor. I/we completed this application to obtain credit for the applicant and certify that all statements contained herein are true and correct.

Electronic Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_

Electronic Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_