

**SELECT EQUIPMENT & LEASING INC.****APPLICATION for CREDIT**

Main Office: 104 S. Freya ~ Suite 120A White Flag Bldg.  
Spokane, WA 99202 (509) 534-3535 Fax: (509) 534-8875

**Lease info Contact number:** (760) 699-7918 Fax: (760) 699 8724  
E-mail: selectustolease@dc.rr.com

**COMPANY / INDIVIDUAL INFORMATION**

Legal Name of Company or Individual			
Street Address	City	State	Zip
Phone:	Fax:	Mailing address if different from Street address	
Date Business Started		Federal Tax ID Number	
Corp. <input type="radio"/> Partnership <input type="radio"/> Sole Ownership <input type="radio"/>			

**PRINCIPAL(S) AND/OR OFFICERS**

Name	Title	Address	Phone	SS#
Name	Title	Address	Phone	SS#

**COMPANY'S BANK REFERENCE**

Name	Street Address	City	State	Zip	Phone
Contact	Account Number	Checking <input type="radio"/> Loan <input type="radio"/>			

**TRADE / CREDIT REFERENCES**

Name	Street Address	City	State	Zip	Phone
1.					
2.					
3.					
4.					

**APPLICANTS STATEMENT:** I'VE ANSWERED THE QUESTIONS IN THIS APPLICATION FULLY AND TRUTHFULLY. I UNDERSTAND THAT YOU MAY CHECK MY CREDIT RECORD AND ANY STATEMENTS I'VE MADE. I GIVE ALL MY CREDITORS PERMISSION TO GIVE YOU ANY INFORMATION YOU NEED TO DETERMINE WHETHER YOU WANT TO GRANT ME CREDIT. I GIVE YOU PERMISSION TO GIVE CREDIT AGENCIES AND OTHER CREDITORS INFORMATION RELATING TO ANY CREDIT YOU MIGHT GRANT ME. IN CONSIDERATION OF CREDIT GRANTED, I AGREE TO PAY REASONABLE ATTORNEY FEES AND COSTS IF MY ACCOUNT IS REFERRED FOR COLLECTION.

\_\_\_\_\_  
Company or Individual Title Date

**Equipment to be Leased:** \_\_\_\_\_

**Eqm. Cost** \_\_\_\_\_ **Lease Term** \_\_\_\_\_ **Mo. Payment** \_\_\_\_\_ **Down Pmt.** \_\_\_\_\_

**Vendor** \_\_\_\_\_ **Salesman** \_\_\_\_\_