



**Please Fax to:
503-345-8578**

Business Information

Company Legal Name / Lessee				Phone:
Company Address:				Fax:
City:	State:	County:	Zip:	Mobile Number:
Website Address:		Email Address		Federal Tax ID #:
Nature of Business:	Business Structure <input type="checkbox"/> Sole Prop <input type="checkbox"/> Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit			Age of Business:
				Time Under Current Ownership

Guarantor(s) Information

PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO	SOC SEC NO
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)
PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO	SOC SEC NO
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)
PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO	SOC SEC NO
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)

Business Bank References - Two Year History

Name of Bank / Branch:	Contact Person:	Phone #	Fax #
Account #:	Please indicate Account Type:		How long open?:
Name of Bank / Branch:	Contact Person:	Phone #	Fax #
Account #:	Please indicate Account Type:		How long open?:

Trade References – Two Year History

Name of Supplier:	Account #:	Contact person:	Phone:
Name of Supplier:	Account #:	Contact person:	Phone:
Name of Supplier:	Account #:	Contact person:	Phone:
Landlord		Contact person:	Phone:

Vendor and Equipment Information

Vendor Name:	Vendor Contact:	Vendor Phone:	Vendor Fax:
Vendor Address	City:	State:	Zip:
Equipment to be Leased (attach schedule if necessary)			Equipment Cost:

Authorization for Credit Inquiry:

By signing below, the undersigned individual, who is either a principal of the credit applicant or a guarantor of it's obligations, provides this written instruction to KMC Financial, its nominees or assigns, authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and for reviewing and collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm our identity as the respective individuals identified in the related application.

X _____ Date: _____
 X _____ Date: _____

Contact:
Jim Kiekens
503-293-5447
Fax 345-8578