



National Commercial Capital, Inc.
 5470 Shilshole Ave NW, Ste 520
 Seattle, WA 98117
 866 501 0111 ext 1 or 206 784 0510 Fax 206 784 0972

CONTACT: Kevin Lease
 klease@nationalcommercialcapital.com

Business Information

Business name:				Phone:	
Company Address:				Fax:	
City:	State:	County:	Zip:	Federal Tax ID #:	
Lease Signer (Legal Name):		Title:	Nature of Business:	Age of Business:	
Please indicate the structure of your Business:					
Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/>					

Business Bank Reference(s)

Name of Bank / Branch:	Contact Person:	Phone #	Fax #
Account #:	Please indicate Account Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/>		How long open?:
Name of Bank / Branch:	Contact Person:	Phone #	Fax #
Account #:	Please indicate Account Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/>		How long open?:

Personal Information of Principal(s)

Legal Name:	Title:	% of Ownership	Social Security #
Home Address:			
City:	State:	Zip:	Please Indicate: Own <input type="checkbox"/> Rent <input type="checkbox"/>
Legal Name:	Title:	% of Ownership	Social Security #
Home Address:			
City:	State:	Zip:	Please Indicate: Own <input type="checkbox"/> Rent <input type="checkbox"/>

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:	New or Used Equipment: New <input type="checkbox"/> Used <input type="checkbox"/>	
Lease Term Requested: 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/>	\$1.00 <input type="checkbox"/>	10% <input type="checkbox"/>	FMV <input type="checkbox"/>

Authorization for Credit Inquiry

By signing this application I/we hereby instruct my/our Bank(s), depository institutions, and all other creditors to release information requested by National Commercial Capital, Inc. and/or its assigns for the purpose of investigating my/our credit for the purposes of obtaining lease financing. I/we certify that the information given herein is true and correct.

X _____ Date: _____

X _____ Date: _____

Please fax credit application to 206 784 0972. Attention: Kevin Lease