



Credit Application

Return to: **Explore Consulting**
Direct Phone (425) 462-0100
Direct Fax (425) 650-8500

To ensure proper processing of your application, please type or print all information clearly and completely.

LESSEE COMPANY INFORMATION				
Company Name		Web Site Address WWW.		E-mail Address
Company Address		City	State	Zip Code
Phone () - () -		Fax () - () -		Number of Employees
Business Classification: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit			Years In Business:	Estimated Fiscal Year End Revenue: \$
OFFICER(S), PARTNER(S) OR GUARANTOR(S) INFORMATION				
Name		Title		Social Security Number (required) - -
Residential Address		City	State Zip Code	Phone () -
Ownership %		No. of Years		
Name		Title		Social Security Number (required) - -
Residential Address		City	State Zip Code	Phone () -
Ownership %		No. of Years		
COMPANY BANK REFERENCES				
Bank Name	Length of Relationship	Account Number	Phone () -	Contact Officer
Bank Name	Length of Relationship	Account Number	Phone () -	Contact Officer
BUSINESS TRADE REFERENCES				
Supplier Name	Type of Business	City / State	Phone () -	Contact Officer
Supplier Name	Type of Business	City / State	Phone () -	Contact Officer
COMMERCIAL LEASE / LOAN REFERENCE (Over six month pay history)				
Institution Name	Amount Financed \$	Account/Lease/Loan Number	Phone () -	Contact Officer
EQUIPMENT DESCRIPTION				
Description	Projected cost \$	Vendor: Name	Contact	Phone () -

The above information, together with any accompanying financial statements, schedules, or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. The undersigned hereby warrants that any individual identified above who is either a principal, a personal guarantor or a sole proprietor of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, has provided his/her written authorization for inquiry into their credit worthiness, including but not limited to obtaining a consumer credit report, and shall hold Explore Consulting and its assignees, agents or nominees harmless from same. You understand that such investigation may include seeking information as to the background, credit and financial responsibility of your officers and principals (or any of them). The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into the binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. If for any reason your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please write to Explore Consulting, 10900 NE 8th ST, Suite 200, Bellevue, WA 98004 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial of credit within 30 days of receiving your request for the statement.

Applicant: _____ Signature (required) _____ Date: _____

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