



EQUIPMENT FINANCING APPLICATION

Phone: 503-639-6171
 Fax: 503-214-8544

BUSINESS NAME		PHONE:	CELL PHONE:	EMAIL:
BUSINESS ADDRESS:		CITY	STATE	ZIP
TYPE OF BUSINESS	TIME IN BUSINESS	BUSINESS STRUCTURE	FED TAX ID:	

OWNERSHIP / GUARANTORS

PRINCIPAL NAME:	HOME ADDRESS:	OWN / RENT	% OWNERSHIP	DOB	SOCIAL SECURITY NUMBER
PRINCIPAL NAME:	HOME ADDRESS:	OWN / RENT	% OWNERSHIP	DOB	SOCIAL SECURITY NUMBER
PRINCIPAL NAME:	HOME ADDRESS:	OWN / RENT	% OWNERSHIP	DOB	SOCIAL SECURITY NUMBER

INDUSTRY EXPERIENCE

APPLICANT TO DRIVE TRUCK / TRAILER? <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRST TIME OWNER OPERATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	TRUCK DRIVING EXPERIENCE YRS ____ MO ____	OWNER OPERATOR EXPERIENCE: YRS ____ MO ____
# OF TRUCKS OWNED ____ # TRAILERS OWNED ____	FIRST TRUCK / TRAILER PURCHASE <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF GOODS HAULED:	<input type="checkbox"/> LOCAL TRUCKING <input type="checkbox"/> INTERSTATE

BANK / LOAN REFERENCES

BANK NAME :	BRANCH :	ACCOUNT NUMBER	PHONE / CONTACT
EQUIPMENT LOAN REFERENCE:	CONTACT / PHONE	ACCOUNT NUMBER	YEAR / MAKE / MODEL
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HAUL REFERENCES

EMPLOYER NAME / HAUL REFERENCE	CONTACT NAME / NUMBER	GROSS MONTHLY INCOME:	TIME WITH EMPLOYER: YRS ____ MONTHS ____	BETWEEN WHAT POINTS :
EMPLOYER NAME / HAUL REFERENCE	CONTACT NAME / NUMBER	GROSS MONTHLY INCOME:	TIME WITH EMPLOYER: YRS ____ MONTHS ____	BETWEEN WHAT POINTS :
EMPLOYER NAME / HAUL REFERENCE	CONTACT NAME / NUMBER	GROSS MONTHLY INCOME:	TIME WITH EMPLOYER: YRS ____ MONTHS ____	BETWEEN WHAT POINTS :

EQUIPMENT / VENDOR

VENDOR NAME:	CONTACT:	PHONE:	EMAIL:
EQUIPMENT TO BE PURCHASED : YEAR/MAKE/MODEL	DOWN PAYMENT AVAILABLE:	COST:	TERM REQUESTED:

IS THIS ADDITIONAL EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR EXPANSION OF FLEET:	WILL YOU BE TRADING IN A VEHICLE / TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO
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By signing below, the undersigned agrees the accompanying information provided from Willamette Financial is for the purpose of obtaining credit and represents that all such information is true, complete, and accurate. By signing below, each of the undersigned individuals authorize Willamette Financial and any of its affiliates, successors, and assigns to obtain consumer credit reports relating to their individual credit history and/or creditworthiness in connection with the attached credit application by the applicant/s identified below.

SIGNATURE	PRINTED NAME	DATE
SIGNATURE	PRINTED NAME	DATE
SIGNATURE	PRINTED NAME	DATE

PLEASE SEND COMPLETED APPLICATION

Email: office@wffsp.com

Fax: 503-214-8544