



Joslen Commercial Funding, LLC
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CREDIT APPLICATION

COMPANY INFORMATION

Company:		
Phone:	Fax:	
Current address:		
City:	State:	ZIP Code:
Nature of Business:		
Contact:	Email:	
Form of Business: (Sole Proprietorship, Corp, LLC, etc):	Date Business Formed:	Annual Revenue:
Number of Employees:	Tax ID Number:	Home Owner: Y N
State of Incorporation/Organization:		

APPLICANT /CO-APPLICANT INFORMATION

1. Name:		
Title:	% owned:	SSN:
Current address:		
City:	State:	ZIP Code:
2. Name:		
Title:	% owned:	SSN:
Current address:		
City:	State:	Zip Code:

EQUIPMENT INFORMATION

Equipment Description:	
Equipment Location: City:	State:
Price: \$	Down Payment Amt:

BANK INFORMATION

1. Bank Name:	Number of Years:
Contact:	Phone:
2. Bank Name:	Number of Years:
Contact:	Phone:

COLLATERAL (LIST EQUIPMENT AND REAL ESTATE IF WILLING TO PLEDGE COLLATERAL AT LENDER REQUEST)

Please give a brief description of your business and operation:

AUTHORIZATION

----- Signature	----- Printed Name and Title	----- Date
----- Signature	----- Printed Name and Title	----- Date