



5407 12th Street East Suite A Tacoma, WA 98424

Telephone: 800-566-1993 / Fax: 800-821-5903

Contact: Robert Farley *Please call for initial consultation*

COMPLETE LEGAL COMPANY NAME				DBA NAME			
STREET ADDRESS			CITY			STATE	ZIP
COUNTY	BUSINESS PHONE #		BUSINESS FAX#			CELLULAR #	
NATURE OF BUSINESS				<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> CORP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> L.L.C. <input type="checkbox"/> OTHER			
FEDERAL ID#	STATE/UBI #	DATE STARTED OR DATE INCORPORATED	YEARS UNDER CURRENT OWNERSHIP YEARS	EMAIL ADDRESS		WEB SITE ADDRESS	

OFFICERS/OWNERS/PARTNERS GUARANTOR INFORMATION

NAME #1			NAME #2			NAME #3		
TITLE		%OWNED	TITLE		%OWNED	TITLE		%OWNED
SSN			SSN			SSN		
HOME PHONE #			HOME PHONE #			HOME PHONE #		
STREET			STREET			STREET		
CITY	ST	ZIP	CITY	ST	ZIP	CITY	ST	ZIP

BUSINESS CHECKING ACCOUNT REFERENCES

BANK NAME	ACCOUNT NUMBER	CONTACT PERSON	BANK PHONE NUMBER
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OTHER LEASE COMPANY OR LOAN REFERENCE

COMPANY NAME	ACCOUNT NUMBER	CONTACT PERSON	PHONE NUMBER
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BUSINESS TRADE ACCOUNT REFERENCES

COMPANY NAME	PHONE #	ACCOUNT #	CONTACT

DESCRIPTION OF EQUIPMENT TO BE FINANCED

DESCRIPTION	QUANTITY	MODEL #	NEW	USED
	EQUIPMENT COST \$		LEASE TERM REQUESTED	
VENDOR/DEALER SALE		PRIVATE PARTY SALE	LINE OF CREDIT	OTHER
EQUIPMENT LOCATION ADDRESS IF OTHER THAN BUSINESS ADDRESS				

VENDOR/SUPPLIER OF EQUIPMENT INFORMATION

VENDOR/SUPPLIER NAME Icecreamtrucks.com	CONTACT PERSON Joanie	PHONE # 877-423-8785
VENDOR ADDRESS		

INSURANCE COMPANY INFORMATION

AGENCY NAME	AGENT/CONTACT PERSON	PHONE #
ADDRESS:		POLICY #

Each of the above listed guarantors is/are willing to serve as guarantor of the above transaction. Each of the undersigned on his or her behalf and on behalf of any such party not signing, whom the undersigned represents has given the undersigned authority to sign on his or her behalf, authorize(s) Pinnacle Business Finance, Inc. and its nominees to obtain, and all such parties to release, credit and financial information (personal or business) requested by Pinnacle Business Finance, Inc. or its nominees and for such parties to provide information to others regarding their relations with the undersigned and each such other guarantor. I/we completed this application to obtain credit for the applicant and certify that all statements contained herein are true and correct.

Signature _____ Date _____

Name (please print) _____ Title _____

Signature _____ Date _____

Name (please print) _____ Title _____