

**Radiance Capital LLC  
Credit Application  
www.radiance-capital.com**

820 A Street, Suite 560  
Tacoma, WA 98402  
Phone (253) 573-9600  
Fax (866) 379-9700

COMPANY LEGAL NAME				DBA NAME			
EQUIPMENT LOCATION ADDRESS				CITY		STATE	ZIP
COUNTY	BUSINESS PHONE #		BUSINESS FAX #		CELLULAR #		
NATURE OF BUSINESS (DESCRIBE PRODUCT OR SERVICE)				BUSINESS STRUCTURE - ENTITY		ANNUAL SALES	
FEDERAL ID#	STATE/UBI #	DATE INCORPORATED		YEARS UNDER CURRENT OWNERSHIP	EMAIL ADDRESS	WEB SITE ADDRESS	
BILLING ADDRESS (IF DIFFERENT THAN EQUIPMENT LOCATION ADDRESS)				CITY		STATE	ZIP

**GUARANTORS/OFFICERS/OWNERS/PARTNER INFORMATION**

NAME #1		NAME #2		NAME #3	
TITLE	% OWNED	TITLE	% OWNED	TITLE	% OWNED
SSN		SSN		SSN	
ADDRESS		ADDRESS		ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP		CITY/STATE/ZIP	
HOME PHONE NUMBER		HOME PHONE NUMBER		HOME PHONE NUMBER	

**BUSINESS CHECKING ACCOUNT REFERENCES**

BANK NAME	ACCOUNT NUMBER	CONTACT PERSON	BANK PHONE NUMBER/FAX NUMBER
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**PRIMARY TRADE ACCOUNT REFERENCES**

COMPANY NAME	PHONE #/FAX #	ACCOUNT #	CONTACT
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**DESCRIPTION OF EQUIPMENT TO BE FINANCED**

DESCRIPTION	QUANTITY	BALLOON RESIDUAL	NEW	USED	ADVANCE PMTS
	EQUIPMENT COST			<input type="checkbox"/>	<input type="checkbox"/>
				TERM REQUESTED	

**VENDOR/SUPPLIER OF EQUIPMENT INFORMATION**

VENDOR/SUPPLIER NAME	CONTACT PERSON	PHONE #
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**INSURANCE COMPANY INFORMATION**

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

The undersigned is/are willing to serve as guarantor of the above transaction. The undersigned authorize(s) Radiance Capital LLC and its nominees to obtain, and all parties to release, credit and financial information (personal or business) requested by Radiance Capital LLC or its nominees and for such parties to provide information to others regarding their relations with the undersigned. I/we completed this application to obtain credit with the bank and certify that all statements contained herein are true and correct. The undersigned individual who is either a principal or the credit applicant or a sole proprietorship 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, hereby consents to and authorizes the use of a consumer credit report on the undersigned by Radiance Capital LLC from time to time as may be needed, in the credit evaluation process. The undersigned personal guarantor, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this personal guarantee, hereby consents to and authorizes the use of a consumer credit report on the undersigned by Radiance Capital LLC from time to time as may be needed, in the credit evaluation process.

Signature \_\_\_\_\_ Signature \_\_\_\_\_ Signature \_\_\_\_\_  
 Title \_\_\_\_\_ Title \_\_\_\_\_ Title \_\_\_\_\_  
 Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_