



Zacklift International, Inc

1102 E 1st Street

Cle Elum, WA 98926

Phone: 509-674-4426

Fax: 509-674-5267

info@zacklift.com

Credit Application

Company Information										
Full Legal Business Name						DBA				
Business Phone				Business Fax			Business E-mail			
Business Address						City			State	Zip
Mailing Address <small>(if different from above)</small>						City			State	Zip
Contact				Contact Title			Years in Business			Federal Tax ID
Type of Business	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/> Start-Up/New Business									

Personal Information on Owners / Officers / Guarantors										
Name						Title			Ownership %	
Social Security Number				Date of Birth			Mobile Phone			
Home Address								<input type="checkbox"/> Own <input type="checkbox"/> Rent		
City					State		Zip Code			
Name						Title			Ownership %	
Social Security Number				Date of Birth			Mobile Phone			
Home Address								<input type="checkbox"/> Own <input type="checkbox"/> Rent		
City					State		Zip Code			

Financial History								
Last Year's Gross Revenue <small>(Best Guess)</small>								
Ever File for Bankruptcy? <small>(If no, leave section blank)</small>	<input type="checkbox"/> Business <input type="checkbox"/> Personal		Filing Date			Discharge Date		

Equipment to be Purchased										
<input type="checkbox"/> Check here if equipment location is the same as Business Address										
Equipment Description						Equipment Cost				
Equipment Location					City			State	Zip	
Vendor/Supplier										
Vendor Address					City			State	Zip	
Contact					Phone					

By signing below adjacent to his or her name each individual listed below (an "Individual") affirms that he/she is a principal and/or potential personal guarantor of the above-named applicant and/or applicants' affiliates (collectively the "Applicant") and each Individual hereby requests and authorizes Allegiant Partners Incorporated and its designees, assignees and potential assignees (each a "Creditor") to investigate and review Applicant's commercial credit applications for loan or lease financing. Each Individual represents that all information provided or to be provided directly or indirectly by it or by Applicant to Creditor is true and complete and each Individual acknowledges that Creditor may evaluate Applicant's application based in part on an Individual's personal credit profile and financial condition. Each Individual hereby requests and authorizes the release and review of his/her personal credit information from all sources in connection with any credit request or application submitted by or on behalf of Applicant. The authorized release of such credit information shall extend to obtaining personal credit profile reports (as may be defined by the Fair Credit Reporting Act), financial account information and tax returns by Creditor for its review and consideration of the Applicant's requests for credit, and may thereafter continue for the permissible purposes of updating, reviewing, considering, extending and collecting on any resulting loan and/or lease requests and accounts which shall be approved, declined and enforced at the sole discretion of Creditor. Each Individual confirms his or her identity and agrees that a facsimile or a faxed, scanned, electronic and/or photo copy of this authorization can be introduced as evidence by Creditor for all purposes.

Authorized Signature							Date			
Authorized Signature							Date			