

**When others say no, We say
Yes!**



Programs Include:

- No Down Payment
- Start-Ups Approved for up to \$50,000.00
- Payments for 1st 6 months only \$99.00 per month
 - 1 or 2 Payments In Advance
 - Seasonal Payments
 - Skip Payments
- 30-60-90 Day Deferred

Approving A, B, and C Credit
Approving Challenged Credit

Simple 1-page application taken over the phone, fax or email

Same Day Approvals and Documents

We do all the paperwork

Funding the Same Day documents returned

Call, Fax, or Email Applications to:

Beverly Edmondson

National Account Manager

Voice: 866-354-9315

Fax: 877-953-3555

beverlye@firstpacificfunding.com

10700 Woodinville Drive Bothell, WA 98011



Beverly Edmondson
National Account Manager
10700 Woodinville Dr. Bothell, WA 98011 U.S.A.
Voice: 866-354-9315 - Fax: 877-953-3555
Corporate: 10700 Woodinville Dr. Bothell, WA 98011 U.S.A. (877) 953-2733 Fax: (877) 953-3555



LEASE INFORMATION

Amount: **Number of Months:** **Payment Quote:** **Security Deposit:**

Equipment Description:

VENDOR INFORMATION

Vendor Name: *Steambrite*

Vendor Address: **City:** **State:** **Zip:**

Contact Person: *John* **Telephone Number:** *(888) 274-9500*

LESSEE COMPANY INFORMATION

Company Name: **Time In Business:**

Company Address: **City:** **State:** **Zip:**

Signer: **Title:** **Telephone:** **Fax:** **Cell:**

Nature of Business: **Email Address:**

PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTOR'S

Name: **Title:** **Social Security Number:**

Home Address: **City:** **State:** **Zip:** **Home Phone:**

Name: **Title:** **Social Security Number:**

Home Address: **City:** **State:** **Zip:** **Home Phone:**

COMPANY BANK REFERENCES - TWO YEARS

Name of Bank and Branch: **Telephone:** **Contact Officer:**

Checking Account Number:

Name of Bank and Branch: **Telephone:** **Contact Officer: :**

Checking Account Number:

TRADE REFERENCES - TWO YEARS

Name of Supplier: **Account#:** **Telephone:** **Contact:**

Name of Supplier: **Account#:** **Telephone:** **Contact:**

Name of Supplier: **Account#:** **Telephone:** **Contact:**

By signing below, the undersigned individual, as principal of and/or guarantor for the applicant, authorizes First Pacific Funding, its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the update, renewal, or extension of credit to the applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

Signature_____Signature_____