

CREDIT APPLICATION

Iverson Financial, LLC

191 Heritage Hills Dr.

Selah, WA 98942

(509) 952-6742 or (208) 515-5555

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BUSINESS INFORMATION			
Name of Business:		Phone:	
Address:		Fax:	
City:	State:	Zip Code:	Fed ID:
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	LLC <input type="checkbox"/>
Contact Name:		Email:	Years in Business:
APPLICATION INFORMATION			
APPLICANT 1: First Name:		Middle:	Last: Social Security #:
Address:		City:	State: Zip Code:
Homeowner: Yes No		Home Phone:	Cell Phone:
APPLICANT 2: First Name:		Middle:	Last: Social Security #:
Address:		City:	State: Zip Code:
Business Bank Name:			
Any outstanding judgements, liens, child support, student loans, or collections to report? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Prior Bankruptcies? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when?			
Please Explain			
HAUL/WORK REFERENCES			
COMPANY	CONTACT		PHONE NUMBER
COMMERCIAL CREDIT REFERENCES			
EQUIPMENT	LENDER	PHONE NUMBER	CONTACT
BUSINESS INFORMATION (IF APPLICABLE)			
	OWN/FINANCING	LEASED	TOTAL
TRUCKS OPERATED			
TRAILERS OPERATED			
DEALER NAME AND EQUIPMENT DETAILS			
Dealer Name:		Salesman:	Number:
Equipment to Purchase:		Purchase Price:	Down Payment:

The undersigned authorizes and instructs any person or consumer reporting agency to compile and furnish Iverson Financial, LLC and/or assigns or any credit bureau or other investigative agency employed by Iverson Financial, LLC with any information it may have or obtain in response to an inquiry from Iverson Financial, LLC. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and for review and collecting the resulting account, now and from time to time, as may be needed in the credit evaluation and review process; and waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent. A Photostat or facsimile copy of this authorization shall be valid as the original. An electronic typed signature shall provide an authorization valid as original signature. By signing below, I/we affirm our identity as the respective individuals identified in the related application: **Please sign this credit application below**

Authorized Signature _____ Print Name _____ Date _____

Authorized Signature _____ Print Name _____ Date _____