

3455 S. 344th Way Federal Way, WA 98063 Phone: 800.447.7107 Fax: 800.447.7106

Third Party Originator Application

TPO INFORMATION							
Company Name							
Address			City		State	Zip Code	
Phone No.	Fax No.			Main Contact Email Address			
ype of Business () Corporation () Proprie			orship () Partnership				
ear Business Started			Website				
Membership(s) (() NEFA () ELFA			() NAELB () Other			
Credit Reports Used (() Equifax () Trans Uni			ion () Experian			
		PRINCIP <i>A</i>	ALS				
	T KINON AL			Title		Percentage of Ownership	
Home Address			Phone	Phone		S.S.#	
2			Title		Percentage of Ownership		
ome Address			Phone	Phone		S.S.#	
		BANK REFER	FNCES				
Name of Bank	Account No.			Phone No.		Contact	
Name of Bank	Account No.	Account No.		Phone No.		Contact	
	CII	IRRENT FUNDIN	G SOURCE	'S			
Company Name	Contact	RRENT FUNDING SOURCE Email Address		How Long With?		Annual Funding	
Company Name	Contact	Email Address		How Long With?		Annual Funding	
Company Name	Contact	Email Address		How Long With?		Annual Funding	
Company Name	Contact	Email Address		How Long With?		Annual Funding	
Company Name	Contact	Email Addr	ress	How Long With?		Annual Funding	
		ADDITIONAL INF	ORMATION				
Total No. of Employees					se Funding \$		
Origination of New Leases							
	(%) Vendo	or	(%)) Broker		(%) End User	

Applicant has answered the questions in this application fully and truthfully. Applicant understands that Financial Pacific Company or it's assigns ("Lessor") may check Applicant's credit and bank records, in addition to any statements Applicant has made. Applicant specifically grants all of its creditors permission to release to Lessor any information Lessor requests in order to determine whether Lessor wants to grant Applicant credit. Applicant gives Lessor permission to give credit reporting agencies and other creditors information relating to any credit Lessor might grant Applicant.

A FACSIMILE OF THIS AGREEMENT WITH SIGNATURE SHALL BE CONSIDERED AN ORIGINAL.

X	
Signature	Date