



**Zacklift International, Inc**

1102 E 1st Street  
 Cle Elum, WA 98926  
 Phone: 509-674-4426  
 Fax: 509-674-5267  
[info@zacklift.com](mailto:info@zacklift.com)

**Equipment Financing and Leasing**

64 Basin Street S.W. Ephrata, WA 98823

1. Print
2. Fill Out
3. Return via email, fax, or mail

[www.APFinancing.com](http://www.APFinancing.com)

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V ] ^ Á - Á Ö · ä ^ · · Á <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 (Best Guess)					
Ever File for Bankruptcy? (If no, leave section blank)	<input type="checkbox"/> Business <input type="checkbox"/> Personal	Filing Date			Discharge Date

**Equipment to be Purchased**

Check here if equipment location is the same as Business Address

Equipment Description					Equipment Cost		
Equipment Location	1102 E First Street	City	Cle Elum	State	WA	Zip	98922
Vendor/Supplier	Zacklift International, Inc.						
Vendor Address	1102 E First Street	City	Cle Elum	State	WA	Zip	98922
Contact	Phone		509-674-4426				

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