



Kelley Regan

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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:** *Matrix Therapy Products*  
**Vendor Address:** *23621 S. Upper Highland Rd.* **City:** *BEAVERCREEK* **State:** *OR* **Zip:** *97004*  
**Contact Person:** *Deborah Powell* **Telephone Number:** *(503) 632-7187*

**LESSEE COMPANY INFORMATION**

**Company Name:** \_\_\_\_\_ **Time In Business:** \_\_\_\_\_  
**Company Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Signer:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
**Nature of Business:** \_\_\_\_\_ **Emil 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\_\_\_\_\_