
FINANCING APPLICATION
Company Information

Company Name (Important to list legal name)			Years in Business	State Registered
Address:			Sales Previous Year	Projected Sales Current
Telephone Number	Contact Person	Website Address	E-Mail Address	

Type of Business:

 Municipality
 Partnership
 Non Profit
 Corporation
 Sub S
 Proprietorship
 LLC

Information on Owner(s) (Attach separate list if necessary)

(1) Name	Own/Rent	% of Business	Social Security Number	
Home Address		City	State	Zip code
Phone Number	Home Value	Mortgage Amount	Self-Employed W2	
(2) Name	Own/Rent	% of Business	Social Security Number	
Home Address		City	State	Zip code
Phone Number	Home Value	Mortgage Amount	Self-Employed W2	

Bank, Vendor and Equipment Detail

Bank Name & Account #	Contact Person	Telephone Number
Equipment Vendor Name	Contact Person	Telephone Number
Equipment Make, Model, Year	New/Used	Cost of Equipment

I (we) warrant this information supplied to Team Financial Group, Inc. to be true and understand said information will be relied upon by Lessor (or its assigns) in furnishing credit to applicant and I (we) hereby authorize Lessor, and/or any credit bureau or other investigative agency employed by such person to investigate the references supplied or statement or other data obtained from me (us) pertaining to my (our) credit and financial responsibility. NOTICE: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or a part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is Federal Trade Commission, Equal Credit Opportunity, Washington D.C. 20580. If your application is denied you have the right to a statement of specific reasons for such denial within 30 days after you send a written request to: Joseph Smaby, Team Financial Group 3391 Three Mile Rd NW Grand Rapids, MI 49534, 616-735-2393. Please note that your request must be received in writing at the above address within 60 days after credit is denied.

 Signature of Authorized Individual

 Title

 Date