



TEAM Equipment Leasing

"Your Partner in Business!"

7800 Shoal Creek Blvd, Ste.202W
Austin, TX 78757
Tel: 888-457-7550 Fax: 512-452-7552

Vendor Name: _____

Vendor Phone: _____

Vendor Contact: _____

COMPANY

Date ____ / ____ / ____

Exact Legal Name				Fed. ID No.	
DBA		Phone		Fax	
Street Address				# of employees	
City	State	Zip	County/use tax rate		
Bus. Description					
Years In Business		(current ownership)		Bus. Structure: Corp <input type="checkbox"/> Prop. <input type="checkbox"/> P'Ship. <input type="checkbox"/>	
Contact	Phone	Fax	Email		

PRINCIPALS

Owner/President		Title	Soc. Sec. No.		
Home Address	City	State	Zip	% Ownership	
Co-Owner/Officer		Title	Soc. Sec. No.		
Home Address	City	State	Zip	% Ownership	

(If additional owners, please attach an additional sheet.)

BANK REFERENCES (Or attach copy of last 3 months bank statements)

Bank Name		Phone	Fax
Checking Acct. No.	Loan Acct. No	Officer	

Installed location (if other than lessee's above address)	

TOTAL AMOUNT REQUESTED	\$ _____	(incl. program options, third-party products, training etc.)
TERM: (check one) 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Months	Buyout: (check one) FMV% option <input type="checkbox"/> \$1.00 option <input type="checkbox"/>	

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes TEAM Equipment Leasing, Inc., 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. Permission is hereby granted to correspond with us via facsimile. A fax or photocopy of this authorization shall be valid as the original.

Applicant Signature

Print Name

____ / ____ / ____
Date