



Phone: (616) 735-2393
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CREDIT APPLICATION

Information on Applicant				
Company Name (List legal name followed by DBA)			State Registered	Business Start Date
Business Address (Street, City, State, Zip)		Federal Tax ID	Sales Previous Year	Projected Sales Current
Phone Number	Mobile Number	Contact Person/Title	E-Mail Address	
Type of Business: Municipality Partnership Non Profit Corporation Sub S Proprietorship LLC				Sales Tax Exempt Yes No
Information on Owner(s) (Attach separate list if necessary)				
(1) Name	Phone Number	% of Business	Social Security Number	
Home Address		City	State	Zip Code
(2) Name	Phone Number	% of Business	Social Security Number	
Home Address		City	State	Zip Code
Vendor & Equipment Information				
Vendor/Supplier Contact Information		Equipment Description	Equipment Cost & Finance Details	
Credit References – Two Year History (Attach separate list if necessary)				
Name of Supplier		Contact Person	Phone Number	
Address of Supplier		Additional Information		

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 tax 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: Credit Department, 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. I understand this form may and/or will be submitted electronically to verify my identity and acceptance of credit application by checking below.

APPLICANT(S):

 (1) Authorized Name (check box to accept terms)

 Title

 Date

 (2) Authorized Name (check box to accept terms)

 Title

 Date