TEAM FINANCIAL GROUP, INC.

650 Three Mile Rd. NW
Grand Rapids, MI 49544

Phone: (616) 735-2393
Fax: (616) 735-2392
www.teamfinancialgroup.com
Email: info@teamfinancialgroup.com

CREDIT APPLICATION

Applicant Information

Company Name (List legal name followed by DBA)		Federal Tax ID		State Registered	Business Start Date
Business Address	City	State	ZIP	Sales Previous Year	Proj. Sales Current
Office 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
(2) Name	Phone Number	% of Business	Social Security Number
Home Address	City	State	ZIP

Vendor & Equipment Information

Vendor/Supplier Contact Information	Equipment Description	Equipment Cost & Finance Details

Bank References (Attach separate list if necessary)

Bank Name	Contact Person	Phone Number
Bank Address	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, EqualCredit 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 650 Three Mile Rd. NW, Grand Rapids, MI 49544, 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 identityand 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**