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Jourdan Saegusa x 104

Vendor Name: _____
Vendor Phone: _____
Vendor Contact: _____

LESSEE

Date ____ / ____ / ____

Exact Legal Name _____ Fed. ID No. _____

DBA _____ Phone _____ Fax _____

Street Address _____

City _____ State ____ ZIP _____ County/use tax Rate _____

Bus. Description _____

Years In Business ____ (min 2 yrs, current ownership) Bus. Structure: Corp. [] Prop. [] P'Ship. []

PRINCIPALS

Owner/President _____ Soc. Sec. No. _____

Home Address _____ % Ownership _____

Co-owner/Partner _____ Soc. Sec. No. _____

Home Address _____ % Ownership _____

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

BUSINESS REFERENCES

Bank Name _____ Phone _____

Checking Acct. No. _____ Loan Acct. No. _____ Officer _____

Bank Name _____ Phone _____

Checking Acct. No. _____ Loan Acct. No. _____ Officer _____

TRADE ACCOUNTS

Name _____ Phone _____ Contact _____

Name _____ Phone _____ Contact _____

Name _____ Phone _____ Contact _____

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

TOTAL COST (incl. program options, third-party products, training, etc.) \$ _____ (\$5K minimum)

TERM: (circle one) 24, 36, 48, 60 Months Buyout: (circle one) 10% option, \$1.00 option

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 ____ / ____ / ____