

LEASE APPLICATION**Information on Lessee**

| | | | | |
|---|--|----------------------|---------------------|-------------------------|
| Company Name (Important to list legal name) | | Fed ID / SSN | Web site | |
| Address: | | County | Sales Previous Year | Projected Sales Current |
| Telephone Number | Fax Number | Contact Person/Title | | E-Mail Address |
| Nature of Business | Type of Business <input type="checkbox"/> Municipality <input type="checkbox"/> Partnership <input type="checkbox"/> Non Profit <input type="checkbox"/> Corporation <input type="checkbox"/> Sub S <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC | Employees | Year Registered | State Registered |

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

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

Company Bank References – Two Year History

| | | | | |
|--------------|-----------------|-----------|-------------|--------|
| Name of Bank | Contact Officer | Telephone | Year Opened | Acct # |
|--------------|-----------------|-----------|-------------|--------|

Credit References – Two Year History (Attach separate list if necessary)

| | | |
|------------------------------|----------------|------------------|
| Name of Supplier and Address | Contact Person | Telephone Number |
| | | |

Insurance Information

| | | | | |
|---------|-------|--------------|------------|---------------|
| Company | Agent | Phone Number | Fax Number | Policy Number |
|---------|-------|--------------|------------|---------------|

Requested Schedule of Payments

| | | | | |
|-------------------------|----------------|--------------------|-----------------|------------------|
| Term of Lease (in mos.) | Payment Factor | Amount of Each Pmt | Purchase Option | Advance Payments |
|-------------------------|----------------|--------------------|-----------------|------------------|

Vendors/Supplier Cost

| | | | |
|-------------|---------|-----------|------------------|
| Vendor Name | Contact | Telephone | Approximate Cost |
|-------------|---------|-----------|------------------|

Equipment Description /Location (If different from above – MAY NOT BE PO BOX)

| | | | | |
|---------|------|--------|-------|-----|
| Address | City | County | State | Zip |
|---------|------|--------|-------|-----|

Description:

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