



Equipment Lease
Financing Specialists

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CREDIT APPLICATION

APPLICANT:

Company Legal Name: _____
Proprietorship,Partnership,Corporation,Other: _____
Address: _____ Tax ID#: _____
City: _____ State: _____ Zip: _____
County: _____ Phone: _____ Fax#: _____
Equipment will be installed at, Same as Above: _____ Other: _____
Type of Business: _____ Time in Business: _____
Are you tax exempt?(circle) YES or NO Cell Phone: _____

PRINCIPALS:

Name & Title: _____ SS #: _____
HomeAddress: _____
Name & Title: _____ SS #: _____
HomeAddress: _____

EQUIPMENT DESCRIPTION:

New/Used: _____ Equipment Cost:\$ _____ Quantity _____
Vendor: _____ Contact _____
Address: _____ Phone # _____

BANKREFERENCE

_____ Contact _____
City&State _____ Phone _____
Type of Account: _____ Acct# _____

TRUCK FINANCED:

_____ Contact _____
City & State: _____ Phone: _____

HAULINGREFERENCE:

_____ Contact _____
City & State: _____ Phone: _____

TRADE REFERENCE:

_____ Contact _____
City & State: _____ Phone: _____

The undersigned authorizes the release of any credit information to Teck Financing LLC or the assigned on loans, leases, checking, savings, trades, and personal credit bureau, now and in the future.

X _____ Date _____