

Customer Application

				Date:	
<i>Supplier name</i> CARL TURNER EQUIPMENT INC.	<i>Equipment cost</i>	<i>Payment amount</i>	<i>Term</i>	<i>Advance Payment/ Security Deposit</i>	<i>Factor used</i>
Supplier contact person BOB TURNER	<i>Supplier phone number</i> 210-590-8111		<i>Equipment type</i>		
Customer name (full legal name)			Phone number (include area code)		

Address (include city, state, zip code)

*Equipment Location
Address*

(if different from above)

<i>Corporation Partnership Sole Proprietorship</i>			<i>Years in business</i>	<i>Years Licensed</i>	<i>Type of Business</i>
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Names and residence addresses of Principals or Officers				Social Security Number
1				
2				

Bank Reference (exact branch)	Account Number	Contact	Phone Number
1			

Most banks and lenders will not release credit information without customer approval. I hereby authorize the release of credit and financial information.

By _____ **Date** _____

Trade References	Address	Contact	Phone Number
1			
2			

This application does not obligate lessor to enter into the lease.

**Fax applications to Jay Elliott at (800) 600-7192
For information or assistance call (800) 223-1420 ext. 4735 Or e-mail jayelliott@financial.wellsfargo.**