



201 S. Lakeline Blvd, Suite 104
Cedar Park, TX 78613
512-336-7335 Phone 512-336-7336 Fax

Documentation Request Form

Date _____ Broker Name _____

Customer Information

Business Name _____ Federal Tax ID # _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Authorized Signer _____ Title _____

Equipment Information (attach vendor invoice or sales order)

Equipment Description _____

Equipment Location _____

Vendor Business Name _____ Vendor Contact _____

Vendor Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Equipment Cost _____ Down payment _____ Lease Amount _____

Personal Guarantors

Guarantor Name _____ Social Security # _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Guarantor Name _____ Social Security # _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Guarantor Name _____ Social Security # _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Transaction Information

Equipment Cost (excluding tax) _____ Buy Rate: _____

Tax Rate: _____ Commission % _____
(If exempt please provide tax exempt certificate)

Term _____ Sell Rate _____

Advance Payments _____ Payment w/o Tax _____

Purchase Option _____ Tax Amount _____

Total Commission Amount _____ Total Payment _____

Deposit Held by Broker _____ Pre-Fund: No _____ Yes _____ = Amount \$ _____

Amount Due Broker _____ Email Docs to _____