



Fax application to 800-830-9855

800-830-0084
800-830-9855 FAX
9436 HAMILTON DRIVE
MENTOR, OH 44060

Credit Application

BUSINESS INFORMATION Please fill out application completely

Company Name:
Physical Address: City: State: Zip Code:
Nature of Business:
Type of Business (Check One): Corporation Partnership Proprietorship LLC
Business Phone: Cell Phone: Fax Number: Contact Name:
Federal I.D. No.: Time in Business: Annual Sales: Number of Employees:

OWNERSHIP INFORMATION Include all owners to account for 100% of company ownership

1. Owner / Primary Contact Title: Ownership % SSN:
Home Address: City: State: Zip Code:
Home Phone: Cell Phone: Email Address:
2. Owner Title: Ownership % SSN:
Home Address: City: State: Zip Code:
Home Phone: Cell Phone: Email Address:

BANK INFORMATION Include bank account # and phone #

Bank Name: Business Account #: Bank Contact: Phone Number:

EQUIPMENT INFORMATION Please include Yr., Make, & Model #.

Table with columns: Qty, Price, Description, YEAR, MAKE, MODEL. Includes rows for equipment 1 and 2.

DEALER/ SUPPLIER: Contact Person: Telephone Number: Fax Number:

*What additional equipment purchases are you considering in the next 3-6 months?

Each undersigned individual does hereby authorize the release of any and all credit information pertaining to the above credit application to ACG Equipment Finance LLC and/or its assignees. Such authorization shall extend to obtaining credit information including personal credit bureau's as well as bank and trade references. A fax copy of this form shall be valid as an original.

Signature Title Date

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