



Chris Pfriem

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CREDIT APPLICATION

Fax application to: 440-579-0447

TODAY'S DATE: _____

| | | | |
|---------------------------------|-----------------------------|--|---------------|
| COMPLETE LEGAL NAME OF BUSINESS | | <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> "S" CORPORATION <input type="checkbox"/> "C" CORPORATION | |
| TYPE OF BUSINESS | NUMBER OF YEARS IN BUSINESS | FEDERAL TAX ID NUMBER | |
| MAILING ADDRESS OF BUSINESS | CITY | STATE | ZIP COUNTY |
| WHERE EQUIPMENT WILL BE LOCATED | CITY | STATE | ZIP COUNTY |
| PHONE NUMBER | FAX NUMBER | PERSON(S) TO CONTACT | |
| CELL PHONE | E-MAIL | | |

| AUTHORIZING OFFICERS / TITLE | % OWNED | SOCIAL SECURITY | HOME ADDRESS |
|------------------------------|---------|-----------------|--------------|
| NAME: | | | TELEPHONE: |
| TITLE: | | | CELL PHONE: |
| | | | E-MAIL: |
| NAME: | | | TELEPHONE: |
| TITLE: | | | CELL PHONE: |
| | | | E-MAIL: |

| | | | |
|------------------|--|--|--|
| BANK NAME | | | |
|------------------|--|--|--|

| |
|-------------------------|
| EQUIPMENT DEALER |
|-------------------------|



| | | | |
|--|---|--|----------------------|
| TYPE OF EQUIPMENT (Please include copy of equipment order, if possible) | APPROXIMATE COST OF EQUIPMENT \$ | AGE OF EQUIPMENT <input type="checkbox"/> NEW <input type="checkbox"/> USED | MODEL YEAR (If Used) |
| | LEASE/FINANCE TERM IN MONTHS (Check One) <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 | RESIDUAL (Check One) <input type="checkbox"/> \$1.00 <input type="checkbox"/> 10% | |

I authorize ACG Equipment Finance and all parties associated with to perform a standard credit investigation as it applies to this credit application.

By: _____

 Authorizing Officer

 Print Name

By: _____

 Authorizing Officer

 Print Name