

Fax application to 800-830-9855

MATT WELLY

800-830-0084 Ext 203

800-830-9855 FAX

MATTWELLY@1ACG.COM

9436 HAMILTON DRIVE
MENTOR, OH 44060



Credit Application

BUSINESS INFORMATION				<i>Please fill out application completely</i>			
Company Name:							
Physical Address:		City:		State:		Zip Code:	
Nature of Business:							
Type of Business (Check One): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC							
Business Phone:		Cell Phone:		Fax Number:		Contact Name:	
Federal I.D. No.:		Time in Business:		Annual Sales:		Number of Employees:	
OWNERSHIP INFORMATION				<i>Include all owners to account for 100% of company ownership</i>			
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				<i>Include bank account # and phone #</i>			
Bank Name:			Business Account #:		Bank Contact:		Phone Number:
EQUIPMENT INFORMATION							
<i>Please include Yr., Make, & Model #.</i>							
<i>Please attach the equipment quote and/or picture if available</i>				<u>YEAR</u>		<u>MAKE</u>	<u>MODEL</u>
1	Qty:	Price:	Description:				
2							
<u>DEALER/ SUPPLIER:</u>			<u>Contact Person:</u>		<u>Telephone Number:</u>		<u>Fax Number:</u>

*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 _____

Signature _____ Title _____ Date _____