



Credit Application

Forward application to:
Joe Aveni
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 Fax: 800.830.9855
 Tel: 440.579.0415

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	Time in Business:	
Contact Name:		Business Phone:		Fax Number:		Cell Phone:	
Number of Employees:		Annual Sales:			Federal I.D. No:		
OWNERSHIP INFORMATION				<i>Include all owners to account for 100% of company ownership</i>			
1. Owner / Primary Contact (<i>Exactly as Driver's License Reads</i>)				Title:		Ownership %	SSN:
Home Address:				City:		State:	Zip Code:
Home Phone:		Cell Phone:		Email Address:			
2. Owner (<i>Exactly as Driver's License Reads</i>)				Title:		Ownership %	SSN:
Home Address:				City:		State:	Zip Code:
Home Phone:		Cell Phone:		Email Address:			
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 _____