

ACG Equipment Finance

9436 Hamilton Dr. Mentor, OH 44060

www.1acg.com

Credit Application

Tom Raglow

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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:			
TITLE:			
NAME:			
TITLE:			

BANK NAME	BUSINESS ACCOUNT	CONTACT	PHONE NUMBER

Distributor/Vendor Name and Phone number

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% <input type="checkbox"/> Fair Market Value	

I authorize ACG Equipment Finance to perform a standard credit investigation as it applies to this credit application.

By: _____

Authorizing Officer

Print Name

By: _____

Authorizing Officer

Print Name