



ACG EQUIPMENT FINANCE
CREDIT APPLICATION

Chris Pfriem

800-830-0084 Ext 204

800-830-9855 Fax

chrispfriem@1acg.com

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 NUMBER	EMAIL	INSURANCE AGENT	PHONE NUMBER	
AUTHORIZING OFFICERS / TITLE	% OWNED	SOCIAL SECURITY	HOME ADDRESS &	PHONE NUMBER
TITLE:				TELEPHONE:
TITLE:				TELEPHONE:
BANK NAME	BUSINESS ACCOUNT	CONTACT	PHONE NUMBER	
EQUIPMENT TO BE FINANCED				
DEALER / SELLER:	CONTACT NAME:		PHONE NUMBER:	
TYPE OF EQUIPMENT	APPROXIMATE COST OF EQUIPMENT \$	AGE OF EQUIPMENT <input type="checkbox"/> NEW <input type="checkbox"/> USED	MODEL YEAR (If Used)	
(Please include copy of equipment order, if possible)	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 Alliance Capital Group LLC to perform a standard credit investigation as it applies to this credit application.

By: _____
 Authorizing Officer

By: _____
 Authorizing Officer

Print Name

Print Name