

Signature_

Referred by GRINDERTRADER.COM

Fax Credit Application to 800-830-9855

Forward application to:

Matt Welly

Date_

mattwelly@1acg.com

Fax: 800-830-9855 Tel: 440-579-0403

BUSINESS INFORMAT	ΓΙΟΝ	Ple	ase fill out	applicat	ion comp	oletely				
Company Name:						<u> </u>				
Physical Address:				City:			State:		Zip Code:	
Nature of Business:							I	L		
Type of Business (Check One):		□Corporation □Partnersh			ip Proprietorship		LLC Tir		Time in Business:	
Contact Name:	Business Phone:			Fax Number:			Cell Phone:			
Number of Employees:	Annual Sale	Annual Sales:			Federal			I.D. No:		
OWNERSHIP INFORM	ΔΤΙΟ	N Incli	ude all own	ners to a	ccount fo	or 100% of	compan	V OWNE	ershin	
1. Owner / Primary Cont			Title:		Ownership %					
,	,	,								
Home Address:				City:	ity:		e:	Zip Code:		
Home Phone: Cell Phone:					Email Address:					
2. Owner (Exactly as Driver		Т			Ownership %		SSN:			
Home Address:				City:		State:		Zip Code:		
Home Phone:	Cell Phone:			Ema		nail Add	ress:			
EQUIPMENT INFORMA	ATION	M	Please incl	ludo Vr	Maka 8	Model #				
Please attach the							YEAR		MAKE_	MODEL
Qty: Price:										
2										
DEALER/ SUPPLIER:			Cont	Contact Person:			Telephone Number:		r: Fax Number:	
*What additional equipment p	urchas	es are you co	nsidering in	the next	3-6 mont	hs?				
Each undersigned individual application to ACG Equipme including personal credit bure	nt Fina	ance LLC and	d/or its assi	ignees. S	Such auth	orization sl	nall exte	nd to o	btaining credi	t information
Signature		Title			Date					

Title_