



Matt Welly • National Account Director

Deliver Application via:

(P) 440-579-0403 / (F) 800-830-9855 / mattwelly@1acg.com

BUSINESS INFORMATION *Please fill out application completely*

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 *Include all owners to account for 100% of company ownership*

1. Owner / Primary Contact (As Driver's License Reads)		Title:	Ownership %	SSN:	DOB:
Home Address:	City:	State:	Zip Code:	County:	
Home Phone:	Cell Phone:	Email Address:			
2. Owner (Exactly as Driver's License Reads)		Title:	Ownership %	SSN:	DOB:
Home Address:	City:	State:	Zip Code:	County:	
Home Phone:	Cell Phone:	Email Address:			

EQUIPMENT INFORMATION *Please include Yr., Make, & Model #.*

<i>Please attach the equipment quote and/or picture if available</i>			<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>
Qty:	Price:	Description:			
1					
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? _____

We hereby authorize the release of any and all credit information to ACG Equipment Finance and certify that all is true and correct to the best of my knowledge. The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit application, hereby consents to and authorizes ACG Equipment Finance and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim that he/she would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent. A photocopy or facsimile copy of this authorization shall be valid as the original.

Signature _____ Title _____ Date _____

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