

# Equipment Financing Application

BUSINESS INFORMATION				
Company Name:		Business Phone:	Business Fax:	
Physical Address:	City:	State:	Zip Code:	County:
Years Under Same Ownership:		Type of Business:		
Type of Business (Check One): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Municipality <input type="checkbox"/> Nonprofit <input type="checkbox"/> LLC				
Federal I.D. No.:		Date of Incorporation/Organization:		

PERSONAL INFORMATION <small>Include all owners to account for 100% of company ownership</small>				
<b>1. Owner / Primary Contact</b>		Title:	Ownership %	SSN:
Home Phone:	Business Phone:	Alternate Phone:	E-mail Address:	
Home Address:		City:	State:	Zip Code: Own <input type="checkbox"/> Rent <input type="checkbox"/>
<b>2. Owner</b>		Title:	Ownership %	SSN:
Home Address:	Home Phone:	City:	State:	Zip Code: Own <input type="checkbox"/> Rent <input type="checkbox"/>
<b>3. Owner</b>		Title:	Ownership %	SSN:
Home Address:	Home Phone:	City:	State:	Zip Code: Own <input type="checkbox"/> Rent <input type="checkbox"/>
<b>Bank Name</b>		<b>Account #</b>	<b>Contact</b>	<b>Phone Number</b>

EQUIPMENT INFORMATION						
<i>Please attach the equipment quote if available</i>			YEAR	MAKE	MODEL	
<b>1</b>	Qty:	Price:				
<b>2</b>	Qty:	Price:				
<b>Location where equipment will be based:</b>			<input type="checkbox"/> Business address	<input type="checkbox"/> Home Address	Term You are Requesting:	
Insurance Agency/Company:			Phone#	Policy#	Lease <input type="checkbox"/> Finance <input type="checkbox"/>	
					\$1 Out <input type="checkbox"/> 10% <input type="checkbox"/> FMV <input type="checkbox"/>	
Equipment Seller:		City:	State:	Zip:	Phone:	

The undersigned authorizes all parties contacted to release credit & financial information requested by ACG Equipment Finance or their assigns.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**-- or print and fax this form to: 419-358-1501**