



ACG EQUIPMENT FINANCE

Chris Pfriem

866-807-4251 Direct Phone

440-579-0447 Fax

chrispfriem@1acg.com

CREDIT APPLICATION

Fax Application To: 440-579-0447

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	E-MAIL			

AUTHORIZING OFFICERS / TITLE	% OWNED	SOCIAL SECURITY	HOME ADDRESS
NAME:			
TITLE:			TELEPHONE:
			CELL PHONE:
			E-MAIL:
NAME:			
TITLE:			TELEPHONE:
			CELL PHONE:
			E-MAIL:

EQUIPMENT DEALER



2080 Hardy Parkway St., Grove City, Ohio 43123
P: (800) 635-7695 Local P: (614) 539-3033 F: Fax: (614) 539-3032

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		

I authorize ACG Equipment Finance and all parties associated with to perform a standard credit investigation as it applies to this credit application.

By: _____
 Authorizing Officer

 Print Name

By: _____
 Authorizing Officer

 Print Name