PHIL CARDINA

866-804-2064
800-830-9855 Fax
PHILCARDINA@1ACG.COM

9436 HAMILTON DRIVE
MENTOR, OH 44060

Fax application to 800-830-9855

Credit Application

BUSINESS INFORMATION	Please fill out application completely

Company Name:

Physical Address:	City:	State:	Zip Code:

Nature of Business:

Type of Business (Check One): ☐ Corporation   ☐ Partnership   ☐ Proprietorship   ☐ LLC

Business Phone:	Cell Phone:	Fax Number:	Contact Name:

Federal I.D. No.:	Time in Business:	Annual Sales:	Number of Employees:

OWNERSHIP INFORMATION	Include all owners to account for 100% of company ownership

1. Owner / Primary Contact	Title:	Ownership %	SSN:

Home Address:	City:	State:	Zip Code:

Home Phone:	Cell Phone:	Email Address:

2. Owner	Title:	Ownership %	SSN:

Home Address:	City:	State:	Zip Code:

Home Phone:	Cell Phone:	Email Address:

BANK INFORMATION	Include bank account # and phone #

Bank Name:	Business Account #:	Bank Contact:	Phone Number:

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

Please attach the equipment quote and/or picture if available	YEAR	MAKE	MODEL

	Qty:	Price:	Description:			
1						
2						

DEALER/ SUPPLIER:	Contact Person:	Telephone Number:	Fax Number:

*What additional equipment purchases are you considering in the next 3-6 months? _____

Each undersigned individual does hereby authorize the release of any and all credit information pertaining to the above credit application to ACG Equipment Finance LLC and/or its assignees. Such authorization shall extend to obtaining credit information including personal credit bureau's as well as bank and trade references. A fax copy of this form shall be valid as an original.

Signature_____   **Title** _____   **Date**_____

Signature_____   **Title**_____   **Date**_____