

Fax application to 800-830-9855



TOM KARPY

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 9436 HAMILTON DRIVE
 MENTOR, OH 44060

Credit Application

| BUSINESS INFORMATION | | | | <i>Please fill out application completely</i> | | | | | |
|--|--------|-------------------|---------------------|--|---------------|--------------------------|---------------|--------------------|--|
| 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 | | | | | | | | | |
| Business Phone: | | Cell Phone: | | Fax Number: | | Contact Name: | | | |
| Federal I.D. No.: | | Time in Business: | | Annual Sales: | | Number of Employees: | | | |
| OWNERSHIP INFORMATION | | | | <i>Include all owners to account for 100% of company ownership</i> | | | | | |
| 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 | | | | <i>Include bank account # and phone #</i> | | | | | |
| Bank Name: | | | Business Account #: | | Bank Contact: | | Phone Number: | | |
| EQUIPMENT INFORMATION | | | | <i>Please include Yr., Make, & Model #.</i> | | | | | |
| <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? _____

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 _____