ACG EQUIPMENT FINANCE

Fax application to 800-830-9855

SCOTT HIRZ
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800-830-9855 FAX
SCOTTHIRZ@1ACG.COM
9436 HAMILTON DRIVE
MENTOR, OH 44060

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**
1	**Qty:**	**Price:**	**Description:**			
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**_____