ACG EQUIPMENT FINANCE

Chris Pfriem
Toll Free Phone 866-807-4251
Toll Free Fax: 800-830-9855
chrispfriem@1acg.com

LEASE APPLICATION

TODAY'S DATE: _____

COMPLETE LEGAL NAME OF BUSINESS	☐ SOLE PROPRIETOR ☐ LLC ☐ PARTNERSHIP ☐ NON-PROFIT ☐ "S" CORPORATION ☐ "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 NUMBER	EMAIL ADDRESS

AUTHORIZING OFFICERS / TITLE	% OWNED	SOCIAL SECURITY	HOME ADDRESS & PHONE NUMBER
TITLE:			TELEPHONE:
TITLE:			TELEPHONE:

BANK NAME			

EQUIPMENT DEALER

TYPE OF EQUIPMENT	APPROXIMATE COST OF EQUIPMENT	AGE OF EQUIPMENT	MODEL YEAR (If Used)
(Please include copy of equipment order, if possible)	$	☐ NEW ☐ USED	
	LEASE/FINANCE TERM IN MONTHS (Check One) ☐ 12 ☐ 24 ☐ 36 ☐ 48 ☐ 60	RESIDUAL (Check One) ☐ $1.00 ☐ 10%	

I authorize ACG Equipment Finance to perform a standard credit investigation as it applies to this credit application.

By: _____
Authorizing Officer

_____
Print Name