



ACG EQUIPMENT FINANCE

Chris Pfriem

800-830-0084 Ext 204

800-830-9855 Fax

chrispfriem@1acg.com

CREDIT APPLICATION

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 NUMBER		EMAIL		INSURANCE AGENT	
				PHONE NUMBER	

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

BANK NAME	BUSINESS ACCOUNT	CONTACT	PHONE NUMBER

EQUIPMENT TO BE FINANCED: Workhorse , Progressive, Tuf Products 800-778-8779. workhorseproducts.com

DEALER / SELLER:		CONTACT NAME:		PHONE NUMBER:	
TYPE OF EQUIPMENT		APPROXIMATE COST OF EQUIPMENT \$		AGE OF EQUIPMENT <input type="checkbox"/> NEW <input type="checkbox"/> 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		RESIDUAL (Check One) <input type="checkbox"/> \$1.00 <input type="checkbox"/> 10%	

I authorize Alliance Capital Group LLC to perform a standard credit investigation as it applies to this credit application.

By: _____
Authorizing Officer

By: _____
Authorizing Officer

Print Name

Print Name