



Chris Pfriem

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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	E-MAIL				

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

BANK NAME	BUSINESS ACCOUNT	CONTACT	PHONE NUMBER

EQUIPMENT TO BE FINANCED



520 Lafayette Road
 Sparta, NJ 07871
 973.383.8535 phone | 973.383.1606 fax
sales@hid.com | www.hid.com

TYPE OF EQUIPMENT (Please include copy of equipment order, if possible)	APPROXIMATE COST OF EQUIPMENT \$	AGE OF EQUIPMENT <input type="checkbox"/> NEW <input type="checkbox"/> USED	MODEL YEAR (If 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 ACG Equipment Finance to perform a standard credit investigation as it applies to this credit application.

By: _____
 Authorizing Officer

 Print Name

By: _____
 Authorizing Officer

 Print Name