



MATT WELLY
866-808-4925
MATTWELLY@1ACG.COM

Fax Application to 800-830-9855

Credit Application

BUSINESS INFORMATION *Please fill out application completely*

Company Name:		Type of Business (Check One): <input type="checkbox"/> Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC			
Physical Address:		City:	State:	Zip Code:	County:
Business Phone:		Fax Number:		US DOT / MC #:	
Federal I.D. No.:		Gross Revenue:	Years as Driver:	Years as Owner / Operator:	
Garaging Address:		City:	State:	Zip:	Current Fleet: Tractor# _____ Trailer# _____
Haul Reference:		Contact:	Phone:	E-mail:	

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:
Rent or Own?		Spouse:		Spouse SSN:
Home Phone:		Cell Phone:	Email Address:	
2. Owner		Title:	Ownership %	SSN:
Home Address:		City:	State:	Zip Code:
Rent or Own?		Spouse:		Spouse SSN:
Home Phone:		Cell Phone:	Email Address:	

COMMERCIAL LEASE OR LOAN REFERENCES

Lender: _____	Equipment: _____	Original Amount: _____	Balance: _____
Lender: _____	Equipment: _____	Original Amount: _____	Balance: _____

EQUIPMENT INFORMATION *Please include Yr., Make, & Model #.*

<i>Please attach the equipment quote and/or picture if available</i>				YEAR	MAKE	MODEL
Qty:	Price:	Description:				
1						
2						

<u>DEALER/ SUPPLIER:</u>	<u>Contact Person:</u>	<u>Telephone Number:</u>	<u>Fax Number:</u>
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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 _____ Signature _____ Date _____