ACG EQUIPMENT FINANCE

# CREDIT APPLICATION

## Fax application to: 800-830-9855

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 | E-MAIL | |
| | | |

| AUTHORIZING OFFICERS / TITLE | % OWNED | SOCIAL SECURITY | HOME ADDRESS & CONTACT INFORMATION |
|---|---|---|---|
| NAME: | | | |
| TITLE: | | | TELEPHONE:<br>CELL PHONE:<br>E-MAIL: |
| NAME: | | | |
| TITLE: | | | TELEPHONE:<br>CELL PHONE:<br>E-MAIL: |

| BANK NAME | BUSINESS ACCOUNT | CONTACT | PHONE NUMBER |
|---|---|---|---|
| | | | |

| EQUIPMENT DEALER |
|---|

**Templer Systems, LLC**
107 Robin Hill Road
Chelmsford, Massachusetts 01824 – U.S.A.
Website: www.templersystems.com

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


**Contact Scott Hirz at ACG Equipment Finance for all your financing needs:**

**866-807-8383 Direct**

**800-830-9855 Fax**

**scotthirz@1acg.com**