



P. 888.545.1802

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Credit Application

Vendor Manager: Steve Prettyman Jr.

**LESSEE Important to spell out the full Legal name of company**

Company Name \_\_\_\_\_

Physical Address \_\_\_\_\_ Tax I.D. Number \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Nature of Business \_\_\_\_\_ Phone \_\_\_\_\_ Years in Business under Current Ownership \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Website \_\_\_\_\_

Type of Business:  LLC  Non-Profit  Proprietorship  Partnership  Corporation Number of Employees \_\_\_\_\_

**PERSONAL INFORMATION on Officers, Partners, or Guarantors**

1.) Name \_\_\_\_\_ Title \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2.) Name \_\_\_\_\_ Title \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The compliance agency is the Federal Trade Commission Equal Credit Opportunity. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please send a written request within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request.

**EQUIPMENT TO BE LEASED Attach a separated list if necessary**

Estimated Date of Purchase	Description	Cost

**LEASE AND LOAN REFERENCES Six month pay history**

Lender \_\_\_\_\_ Original Amount \_\_\_\_\_ Account No. \_\_\_\_\_ Date Opened \_\_\_\_\_ Telephone \_\_\_\_\_

**COMPANY BANK REFERENCES Must have two year history**

Name of Bank / Branch \_\_\_\_\_ How long \_\_\_\_\_ Telephone \_\_\_\_\_

Checking Acct. No. \_\_\_\_\_ Loan Acct. No. \_\_\_\_\_ Contact \_\_\_\_\_

By signing below, you certify that the statements above and on any attachments are true and complete as of the date given below. You authorize American Capital Group its agents or assignees to investigate applicant's creditworthiness as needed. The undersigned authorizes all banking institutions, credit reporting agencies and its agent to release all necessary information, for the purpose of securing a lease.

Customer Name \_\_\_\_\_ Signature X. \_\_\_\_\_ Date \_\_\_\_\_

Customer Name \_\_\_\_\_ Signature X. \_\_\_\_\_ Date \_\_\_\_\_