

## EQUIPMENT APPLICATION

<b>BUSINESS INFORMATION</b>	BUSINESS NAME/LESSEE	TELEPHONE		FAX
	ADDRESS (STREET)	(CITY)	(STATE)	(COUNTY) (ZIP CODE)
	TYPE OF BUSINESS	YEAR ESTABLISHED	FED. TAX. NO.	
	INSURANCE AGENT	TELEPHONE		
	LOCATION OF EQUIPMENT (STREET)	(CITY)	(STATE)	(COUNTY) (ZIP CODE)

**Business Structure**    **CORPORATION**    **PARTNERSHIP**    **PROPRIETORSHIP**    **NON-PROFIT**

<b>OWNERSHIP</b>	PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	0 OWN 0 RENT DATE OF BIRTH
	PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	0 OWN 0 RENT DATE OF BIRTH
	PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	0 OWN 0 RENT DATE OF BIRTH

<b>BANKS</b>	BANK	BRANCH	FAX	TELEPHONE
	NAME ON ACCOUNT	CHECKING ACCT. NO.	CONTACT	DATE OPENED
	BANK	BRANCH	FAX	TELEPHONE
	NAME ON ACCOUNT	CHECKING ACCT. NO.	CONTACT	DATE OPENED
	LENDER/LESSOR	EQUIPMENT TYP	CONTACT	TELEPHONE
	NAME ON ACCOUNT	ACCT. NO.	ORIGINAL BALANCE	CURRENT BALANCE

<b>TRADES</b>	COMPANY NAME	ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON

<b>VENDOR</b>	VENDOR	CONTACT	
	ADDRESS (STREET)	(CITY) (STATE) (ZIP CODE)	TELEPHONE
	EQUIPMENT DESCRIPTION	EQUIPMENT COST (without tax) \$	

I hereby authorize A C Capital or any credit bureau or other investigative agency employed by A C Capital to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility	<input checked="" type="checkbox"/> _____ Signature/Title	_____ Date
	<input checked="" type="checkbox"/> _____ Signature/Title	_____ Date