

P.O. Box 443 Vail, CO 81658

(800) 989-0179 Fax (970) 479-0185

EQUIPMENT APPLICATION

www.accapitalleasing.com

B U	BUSINESS NAME/LESSEE		TELEPHONE							FAX	
S	ADDRESS (STREET)			(CITY)			(STATE) (COUNTY			(ZIP CODE)	
I N	TYPE OF BUSINESS	YEAR ESTABLISHED FE					FED.	D.TAX. NO.			
E S	INSURANCE AGENT		TELI					E PHONE			
S	LOCATION OF EQUIPMENT (STREET)					(STA	STATE) (COU		UNTY) (ZIP CODE)		
Busi	iness Structure 0 CORPORATION	0 I	PARTNERSI	HIP	0 PI	ROP	RIORTO	RSHIP		0 NON-PROFIT	
0	PRINCIPAL'S NAME	TITLE		% OWNE	RSHIP		HOME PH	ONE NO.		SOC. SEC. NO.	
W N E	HOME ADDRESS (STREET)		(CITY) (ITY) (STATE) (Z		DE)	0 OWN 0 RENT			DATE OF BIRTH	
R S	PRINCIPAL'S NAME	TITLE		% OWNE			HOME PHONE NO.			SOC. SEC. NO.	
H I	HOME ADDRESS (STREET)		(CITY) (STATE)		(ZIP CODE)		0 OWN 0 RENT			DATE OF BIRTH	
P	PRINCIPAL'S NAME	TITLE		% OWNE	% OWNERSHIP		HOME PHONE NO. 0 OWN 0 RENT			SOC. SEC. NO.	
	HOME ADDRESS (STREET)		(CITY) (S	(STATE) (ZIP C		E)				DAT OF BIRTH	
	BANK		BRANCH			FA	X		TEI	LEPHONE	
B A	NAME ON ACCOUNT		CHECHING ACCT.NO.		CO	CONTACT			DATE OPENED		
N K											
S	BANK		BRANCH		FA	AX			TELEPHONE		
	NAME ON ACCOUNT		CHECKING ACCT. NO.			CONTACT			DATE OPENED		
	LENDER/LESSOR		EQUIPMENT TYP			CONTACT			TELEPHONE		
	NAME ON ACCOUNT		ACCT. NO.		ORIGINAL BALANC		BALANCE	E CUI		RRENTBALANCE	
Т	COMPANY NAME		ACCOUNT NO	TELEPHONE NO.			CONTACT PERSON		PERSON		
R			needelli ne						PERSON		
A D											
E S											
5											
V	VENDOR		CONTACT						T		
E N	ADDRESS (STREET) (CITY) (S				ATE) (ZIP CODE) TELEPHO			TELEPHO	NE		
D O R	EQUIPMENT DESCRIPTION				EQUIPM \$				IENT COST (without tax)		
or o	reby authorize A C Capital or any credit bureau ther investigative agency employed by A C Capital	X Signature/Title							Date		
data	estigate the references herein listed or statements or obtained from me or from any other person pertain									Date	
my credit and financial responsibility			X Signature/Title							Date	
			5151141410/ 11110							· ·	