

CREDIT APPLICATION

Chris Pfriem

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TODAY'S DATE: _____

COMPLETE LEGAL NAME OF BUSINESS _____

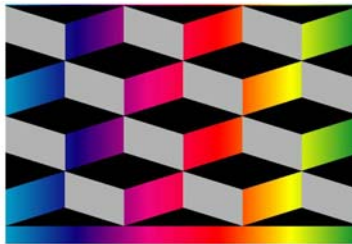
- SOLE PROPRIETOR LLC
 PARTNERSHIP NON-PROFIT
 "S" CORPORATION "C" CORPORATION

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:				TELEPHONE:
TITLE:				CELL PHONE:
				E-MAIL:
NAME:				TELEPHONE:
TITLE:				CELL PHONE:
				E-MAIL:

BANK NAME	BUSINESS ACCOUNT	CONTACT	PHONE NUMBER

EQUIPMENT DEALER _____



BelQuette, Inc
 St Petersburg, Florida
info@belquette.com
 Toll Free: 877-202-0886
 Local: 727-329-9483

TYPE OF EQUIPMENT (Please include copy of equipment order, if possible)	APPROXIMATE COST OF EQUIPMENT \$	AGE OF EQUIPMENT <input type="checkbox"/> NEW <input type="checkbox"/> USED	MODEL YEAR (If Used)
	LEASE/FINANCE TERM IN MONTHS (Check One) <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60	RESIDUAL (Check One) <input type="checkbox"/> \$1.00 <input type="checkbox"/> 10%	

I authorize ACG Equipment Finance to perform a standard credit investigation as it applies to this credit application.

By: _____
 Authorizing Officer

 Print Name