ACG EQUIPMENT FINANCE

LEASE APPLICATION

Chris Pfriem

866-807-4251 Direct

800-830-9855 Fax

chrispfriem@1acg.com

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 NUMBER	EMAIL ADDRESS

AUTHORIZING OFFICERS / TITLE	% OWNED	SOCIAL SECURITY	HOME ADDRESS & PHONE NUMBER
TITLE:			TELEPHONE:
TITLE:			TELEPHONE:

BANK NAME			

EQUIPMENT DEALER

MIDWEST DISTRIBUTORS

1066 Crosswinds Ct
Wentzville, MO 63385
Tel: 636-724-6400
Toll Free: 877-724-6400
Fax: 636-724-6448

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