American Capital Lease Application

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PLEASE TYPE OR PRINT ALL INFORMATION

APPLICANT INFORMATION: ☐ Corporation ☐ Proprietorship ☐ Partnership ☐ Non-Profit	DUN & BRADSTREET #:
FULL LEGAL NAME OF BUSINESS ENTITY "LESSEE":	FED TAX ID #:
DOING BUSINESS AS:	NUMBER OF YEARS IN BUSINESS:
BILLING ADDRESS: COMPANY PHONE (MAIN NUMBER):	TERM REQUESTED: ☐ 24 ☐ 36 ☐ 48 ☐ 60 months
CITY: COUNTY: STATE: ZIP:	EQUIPMENT DESCRIPTION:
EQUIPMENT LEASED INSTALLATION ADDRESS:	
CITY: COUNTY: STATE: ZIP:	
LESSEE CONTACT NAME:	ESTIMATED COST:
TITLE: EMAIL:	EQUIPMENT VENDOR OR SUPPLIER NAME:
CONTACT PHONE: FAX:	

REFERENCE INFORMATION:

PRIMARY BANK NAME:	ADDRESS OR BRANCH:
BANKING OFFICER:	PHONE:
CHECKING ACCOUNT NO.:	COMMERCIAL OR INSTALLMENT LOAN ACCOUNT NO.

OWNERSHIP INFORMATION:

PARTNER, OWNER OR OFFICER / TITLE	% OWNERSHIP	HOME ADDRESS	HOME PHONE	SOCIAL SECURITY NUMBER

The above information is for the purpose of obtaining credit and is warranted to be true. I agree to pay all bills upon receipt of statement or as otherwise expressly agreed. I hereby authorize the person or firm to whom this application is made, any credit bureau or other investigative agency employed by such person, to investigate the references herein listed or statements or other data obtained from me or other persons pertaining to my credit and financial responsibility.

Signature: Partner or Officer of Corporation / Title

Signature: Individual

Date

Email this application to: acfsinc@americancapital1.com or Fax: 630-512-0070