



APPLICATION

2662 Holcomb Bridge Rd., Suite 314
 Alpharetta, GA 30022
 (770) 390-9400, x104 • (800) 648-6477, x104 • (770) 394-1777, fax
 Kimberly Morgan
 kmorgan@acifinancial.com



COMPANY NAME Important to list legal name of entity			
Company		Nature of Business	
Physical Address		Federal I.D. Number	
City	County	State	Zip
Years in Business		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Sub S <input type="checkbox"/> PA/PC	
Telephone	Fax Number	Contact	
EQUIPMENT LOCATION (if different than above)			

EQUIPMENT TO BE LEASED	PURCHASE PRICE
	\$

SELLER OF EQUIPMENT Company Name, Contact Name and Phone Number

TERMS AND CONDITIONS

TERM (Months)	MONTHLY LEASE	TAX (if applicable)	PURCHASE OPTION	ADVANCE PAYMENT
---------------	---------------	---------------------	-----------------	-----------------

TRADE REFERENCES Major Accounts you pay monthly

Name	City/State	Telephone No.	Account No.	Contact

COMPANY BANK REFERENCES Include all Checking, Savings, and Loan Accounts

Bank	Bank	Bank (If Proprietorship-include Personal Account)
Phone	Phone	Phone
Account No.	Account No.	Account No.
Contact	Contact	Contact

PERSONAL INFORMATION On Officers, Partners, or Guarantors

Name	Title	% of Ownership	Social Security No.
Home Address	City	State	Zip
			Home Phone No.
Name	Title	% of Ownership	Social Security No.
Home Address	City	State	Zip
			Home Phone No.

AUTHORIZATION TO RELEASE INFORMATION

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to ACI Financial, Inc. or its designee (any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual's identified in the above application.

X