

EQUIPMENT CREDIT APPLICATION

Americn Capital Corp

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FAX BACK
TO

BUSINESS INFORMATION

Business Name:

Billing Address:

Equipment Location If Different:

Phone:

Business Entity: Corp

☐

Proprietor

☐

Partnership

☐

Fax:

Federal Tax No.

Years In Business:

Type Of Business:

EQUIPMENT & SUPPLIER INFORMATION

Supplier Information:

Equipment Description:

Equipment Cost:

Term:

BANK CHECKING INFORMATION

Bank Name

Account #

Phone #

Contact

PRINCIPAL / OWNER / OFFICER INFORMATION

Name:

Name:

Address:

Address:

City/State:

City/State:

Social Security:

Social Security:

Title:

Title:

Authorized By _____

Authorized By _____

Date: _____

Date: _____

Declaration/Authorization

The undersigned agrees that the information provided above, together with any financial statements, or other materials provided to American Capital Corp (ACC) is true, correct and complete. The undersigned authorizes ACC, and its affiliates, successors and assigns to obtain consumer credit reports relating to their individual credit history and/or creditworthiness in connection with this credit application. ACC pledges to keep all information confidential.