

DEALER INFORMATION

Name		Address	
Phone Number ()	Fax Number ()	E-mail	Contact Person

EQUIPMENT DESCRIPTION

Itemize Maintenance, Services, Training, Installation, if applicable. Please include copy of quote or invoice.

Quantity	Manufacturer	Model Number	Description	<input type="checkbox"/> New <input type="checkbox"/> Used	Equipment Cost
				<input type="checkbox"/> New <input type="checkbox"/> Used	
					Total Equipment Cost \$

TERM/LEASE PAYMENT SCHEDULE

Term(Months)	Security Deposit/Advance Payment <input type="checkbox"/> Security Deposit \$ _____ <input type="checkbox"/> Advance Payment(s) \$ _____	Lease End Purchase Option <input type="checkbox"/> FMV <input type="checkbox"/> 10% <input type="checkbox"/> \$1 <input type="checkbox"/> Other _____
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CUSTOMER INFORMATION

Name		Phone Number ()	E-mail
Address		City	State
Signer Name & Title		Tax ID Number	Nature of Business
Year Started	Style of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Non Profit <input type="checkbox"/> Other	Annual revenue over \$1 million? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you as an Individual or the Applicant ever filed for bankruptcy, or defaulted on any credit? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, Explain)

REFERENCES

Bank Reference	Account No.
Bank Phone No. ()	Bank Contact
Trade Reference	Phone No. ()
Account No.	Contact

PERSONAL INFORMATION ON PARTNERS, PROPRIETORS, OR GUARANTORS

Name	Name
Title	Social Security No.
Residential Address	Residential Address
State	State
Zip	Zip

AUTHORIZATION

The undersigned individual(s) who is either a Principal, Sole Proprietor, or Personal Guarantor of the Credit Applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the Applicant or in the evaluation of his or her personal guaranty, if applicable, hereby consents to and authorized the use of a consumer credit report on the undersigned individual(s) and/or release of personal background investigation by Acrecent Financial Corporation, its assignee and/or designee, from time to time as may be needed, in the initial credit evaluation and subsequent review processes. The undersigned individual(s) also authorized the release of any information of Applicant and certifies that he/she is duly empowered by Applicant to give such authorizations and that all information provided is true and correct. A signed copy or fax of this authorization shall be valid as original.

Partner, Proprietor or Guarantor X	Partner, Proprietor or Guarantor X
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NOTICE

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please notify us within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with the law concerning the creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.