



Chris Pfriem

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CREDIT APPLICATION

TODAY'S DATE: _____

COMPLETE LEGAL NAME OF BUSINESS			<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> "S" CORPORATION <input type="checkbox"/> "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	E-MAIL			

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

BANK NAME	BUSINESS ACCOUNT	CONTACT	PHONE NUMBER

EQUIPMENT TO BE FINANCED



Atlas Screen Supply Company
 847-233-0515 or 800-621-4173
 Fax: 847-233-0506
 Email: sales@atlasscreensupply.com

TYPE OF EQUIPMENT	APPROXIMATE COST OF EQUIPMENT	AGE OF EQUIPMENT	MODEL YEAR (If Used)
	\$	<input type="checkbox"/> NEW <input type="checkbox"/> USED	
(Please include copy of equipment order, if possible)	LEASE/FINANCE TERM IN MONTHS (Check One)	RESIDUAL (Check One)	
	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60	<input type="checkbox"/> \$1.00 <input type="checkbox"/> 10%	

I authorize ACG Equipment Finance to perform a standard credit investigation as it applies to this credit application.

By: _____
 Authorizing Officer

 Print Name

By: _____
 Authorizing Officer

 Print Name