

# AMERICUS CREDIT GROUP

## COMMERCIAL EQUIPMENT FINANCING APPLICATION

323-936-0555 Phone

323-592-3978 Fax

EQUIPMENT DESCRIPTION, VENDOR & DELIVERY INFORMATION					
Equipment Description		Equipment Delivery date	New/Used/Year	Vendor Name	
Address		Street	City	State	Zip
Vendor Contact	Vendor Phone #	Amount Requested	Term	End of Term Option	

COMPANY INFORMATION					
Business Name				Federal Tax I.D. Number	
Location Address		Street	City	State	Zip
Business Phone Number	Owner since (Mo/Yr)		Total Years in this type business		
Business Fax Number	Number of Employees		Insurance Agent		
State of Organization	Reason for acquiring this equipment:		Landlord/Name/Number		
Type of Ownership (Corp., Partnership, Sole Ownership, Other)			Type of Industry		

OWNER / PERSONAL PROFILE					
Name		Social Security Number	Date of Birth	% Ownership	Company Title
Spouse's Name (if co-owner or co-applicant)		Social Security Number	Date of Birth	% Ownership	Company Title
Home Address	Street	City	State	Zip	# Years at this Address
Home Telephone Number		Housing Expense \$ _____ Per month <input type="checkbox"/> Own <input type="checkbox"/> Rent			
Name		Social Security Number	Date of Birth	% Ownership	Company Title
Spouse's Name (if co-owner or co-applicant)		Social Security Number	Date of Birth	% Ownership	Company Title
Home Address	Street	City	State	Zip	# Years at this Address
Home Telephone Number	Housing Expense \$ _____ per month <input type="checkbox"/> Own <input type="checkbox"/> Rent		Applicant: \$ _____ Spouse (if applicant): \$ _____		

BANK, LEASING & OTHER FINANCIAL REFERENCES				
Name of Bank/Branch	City/State	Acct. #	Telephone #	Contact Officer

TRADE REFERENCES				
Account Name	City/State	Account #	Telephone #	Contact Person

For obtaining credit, I/We certify that the information given in this application, and any attached schedules or financial statement(s) is true and correct. I/We authorize AMERICUS CREDIT GROUP and/or its nominee to verify the above information, and I/We authorize any financial institution, or other credit reference to verify the information provided above or provided additional information which AMERICUS CREDIT GROUP and/or its nominee may request.

**X**

Authorized Officer, Partner or Proprietor	Title	Date
---	-------	------