

# APPLICATION

(800) 648-6477 x122 (866) 394-6477 fax

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<b>COMPANY NAME</b> Important to list legal name of entity			
* Company		Nature of Business	
Physical Address		Federal I.D. Number	
City	County	State	Zip
Telephone		Fax Number	Contact
		<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	
EQUIPMENT LOCATION (if different than above)			

<b>EQUIPMENT TO BE FINANCED</b>	<b>FINANCE AMOUNT</b>
* Construction Equipment	\$

<b>SELLER OF EQUIPMENT</b> Company Name, Contact Name and Phone Number
ADVANCED STRIPING EQUIPMENT 770-920-1090

<b>TERMS AND CONDITIONS</b>				
TERM (Months)	MONTHLY PMT	TAX (if applicable)	PURCHASE OPTION	ADVANCE PAYMENT

<b>TRADE REFERENCES</b> Major Accounts you pay monthly				
* Name	City/State	Telephone No.	Account No.	Contact

<b>COMPANY BANK REFERENCES</b> 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

<b>PERSONAL INFORMATION</b> 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.			

<b>AUTHORIZATION TO RELEASE INFORMATION</b>
* 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**