



Corporate Centre 200
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 Marion, IA 52302-0160
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 info@acterragroup.com

CUSTOMER INFORMATION:

COMPLETE LEGAL NAME OF BUSINESS:		DATE BUSINESS STARTED		<input type="checkbox"/> SOLE PROP <input type="checkbox"/> LLC <input type="checkbox"/> "S" CORP. <input type="checkbox"/> "C" CORP.	
MAILING ADDRESS OF BUSINESS		CITY	STATE	ZIP CODE	COUNTY
PHYSICAL ADDRESS OF EQUIPMENT (if different than above)		CITY	STATE	ZIP CODE	COUNTY
PHONE NUMBER	FAX NUMBER	CONTACT PERSON		FEDERAL TAX ID#	
E-MAIL ADDRESS		TYPE OF BUSINESS		CONTACTS CELL PHONE NUMBER	

VENDOR / EQUIPMENT INFORMATION:

VENDOR NAME	ADDRESS	CONTACT
PHONE / FAX	TYPE OF EQUIPMENT	APPROXIMATE COST \$
FINANCE TERM IN MONTHS <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/> 84	AGE OF EQUIPMENT <input type="checkbox"/> NEW <input type="checkbox"/> USED	

OWNER / STOCKHOLDER INFORMATION:

PRINCIPAL'S NAME AND TITLE	% OWNED	SOCIAL SECURITY	DATE OF BIRTH
HOME ADDRESS	CITY	STATE ZIP	HOME PHONE
PRINCIPAL'S NAME AND TITLE	% OWNED	SOCIAL SECURITY	DATE OF BIRTH
HOME ADDRESS	CITY	STATE ZIP	HOME PHONE

BANK REFERENCE:

BANK NAME	ACCOUNT NO.	CONTACT	PHONE
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LEASE / LOAN REFERENCE:

CREDITOR	ACCOUNT NO.	CONTACT	PHONE
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TRADE / SUPPLIER REFERENCE:

COMPANY NAME	ACCOUNT NO.	CONTACT	PHONE
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AUTHORIZATION TO RELEASE INFORMATION: In connection with the above referenced financing application, each of the undersigned authorizes American Equipment Finance, LLC and or its assignees to make all inquires it deems necessary to verify the accuracy of the information provided by the undersigned including, but not limited to consumer credit reports, banking, borrowing and trade information. The undersigned further states that the information contained in the application is true and correct.

By: _____
 Owner / Stockholder

 Print Name

By: _____
 Owner / Stockholder

 Print Name