

EQUIPMENT CREDIT APPLICATION

American Capital Corp

Jim MacDonald/Account Representative

PH: (610) 275-7242 Ext – 101 FAX: (888) 383-5802

mac@jwmacdonald.com



BUSINESS INFORMATION

Business Name:	
Billing Address:	
Equipment Location If Different:	
Phone:	Business Entity: Corp Proprietor ☒ Partnership ☐
Email:	Federal Tax No.:
Years in Business:	Type of Business:

EQUIPMENT SUPPLIER INFORMATION

Supplier Information:	
Equipment Description:	
Equipment Cost:	Term:

PRINCIPAL/OWNER/OFFICER INFORMATION

Name:	Name:
Address:	Address:
City/State:	City/State:
Social Security:	Social Security:
Cell:	Cell:
Email:	Email:
Title:	Title:
Authorized by: _____ Date: _____	Authorized by: _____ Date: _____

Declaration/Authorization

The undersigned agrees that the information provided above, together with any financial statements, or other materials provided to American Capital Corp (ACC) is true, correct and complete. The undersigned authorizes ACC, and its affiliates, successors and assigns to obtain consumer credit reports relating to their individual credit history and/or creditworthiness in connection with this credit application. ACC pledges to keep all information confidential.