TAMGE
23 Ridgeview Lane
Mansfield, MA. 02048
Telephone: 508-618-7899
sales@tamge.com

CREDIT APPLICATION

Fax application to: 508-546-1070

TODAY'S DATE: _____

COMPLETE LEGAL NAME OF BUSINESS	☐ SOLE PROPRIETOR ☐ LLC ☐ PARTNERSHIP ☐ NON-PROFIT ☐ "S" CORPORATION ☐ "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
NAME: TITLE:			TELEPHONE: CELL PHONE: E-MAIL:
NAME: TITLE:			TELEPHONE: CELL PHONE: E-MAIL:

BANK NAME	BUSINESS ACCOUNT	CONTACT	PHONE NUMBER

EQUIPMENT DETAILS

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

I authorize ACG Equipment Finance and all parties associated with to perform a standard credit investigation as it applies to this credit application.

By: _____
Authorizing Officer

_____
Print Name

By: _____
Authorizing Officer

_____
Print Name

ACG EQUIPMENT FINANCE

Scott Hirz
Direct: 866-807-8383
Fax: 800-830-9855
Email: scotthirz@1acg.com