



TAMGE
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Cumberland Foreside, ME 04110
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CREDIT APPLICATION

Fax application to: 207-221-1197

TODAY'S DATE: _____

COMPLETE LEGAL NAME OF BUSINESS		<input type="checkbox"/> SOLE PROPRIETOR		<input type="checkbox"/> LLC
		<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> NON-PROFIT
		<input type="checkbox"/> "S" CORPORATION		<input type="checkbox"/> "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:			TELEPHONE:
TITLE:			CELL PHONE:
			E-MAIL:
NAME:			TELEPHONE:
TITLE:			CELL PHONE:
			E-MAIL:

BANK NAME	BUSINESS ACCOUNT	CONTACT	PHONE NUMBER

EQUIPMENT DETAILS			
TYPE OF EQUIPMENT (Please include copy of equipment order, if possible)	APPROXIMATE COST OF EQUIPMENT \$	AGE OF EQUIPMENT <input type="checkbox"/> NEW <input type="checkbox"/> USED	MODEL YEAR (If Used)
	LEASE/FINANCE TERM IN MONTHS (Check One) <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60	RESIDUAL (Check One) <input type="checkbox"/> \$1.00 <input type="checkbox"/> 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



Scott Hirz
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