Access Capital Group, Inc.

CREDIT APPLICATION

BUSINESS INFORMATION

Company or DBA Name:		Phone:	Fax:
Address:	City:	State:	Zip Code:
Type of Business (Check One): ☐ Corporation ☐ LLC ☐ Partnership ☐ Municipality ☐ Proprietorship ☐ Nonprofit ☐ Other			
Federal I.D. No.:		Date of Incorporation/Organization:	

PERSONAL INFORMATION *Please Include all owners to account for 100% of company ownership*

1. Owner / Primary Contact	Title:	Ownership %	SSN:	
Home Phone:	DOB:	Alternate Phone:	E-mail Address:	
Address:	City:	State:	Zip Code:	
2. Owner /Co-applicant	Title:	Ownership %	SSN:	
Home Phone:	DOB:	Alternate Phone:	E-mail Address:	
Address:	City:	State:	Zip Code:	

LEASE – LOAN INFORMATION *Please list two lease, loan or credit references*

Name of creditor:	Acct #:	Phone:	Contact:
Name of creditor:	Acct #:	Phone:	Contact:

BANK AND INSURANCE INFORMATION

Bank Name:	Acct#:	Phone:	Fax:
Insurance Co:	Acct#:	Phone:	Fax:

EQUIPMENT INFORMATION *Please include an equipment quote if available*

Equipment Seller	Year	Make	Model	Price

I certify that the information contained in this application is true and accurate to the best of my knowledge and authorize the release of information about my accounts or me to others. By signing below the undersigned individual as principal of and/or guarantor for the applicant, authorizes Access Capital Group, Inc., it's designees and/or assignees, to review their personal credit profile provided by national credit bureaus in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

Signature (1) _____ Date _____ Signature (2) _____ Date _____

Please print, complete and fax signed application to: 866-564-6600

Access Capital Group, Inc. PO Box 1412, Walled Lake, MI 48390 Ph: 248.926.9926 Web: www.accessscap.net