



# American Capital Lease Application

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Lisle, IL 60532  
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Fax (630) 512-0070  
acfsinc@amcapfinance.com

**PLEASE TYPE OR PRINT ALL INFORMATION**

## Business Information

## Credit Application

Company Legal Name / Lessee				DBA:	Phone:
Company Address:					Mobile:
City:	State:	County:	Zip:	Fax:	
Customer Contact:			Email Address:		Federal Tax ID #:
Contact Title:	Business Structure <input type="checkbox"/> Prop <input type="checkbox"/> Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Part <input type="checkbox"/> Non-Profit			Age of Business:	Time Under Current Ownership
Equipment Usage Location:					Tax Exempt: Yes No

## Bank References

Name of Bank / Branch:	Contact Person:	Phone #	Banker Email Address:
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## Vendor and Equipment Information

Vendor Name:	Vendor Contact:	Vendor Phone:	Vendor Email Address:
Vendor Address	City:	State:	Zip:
Equipment to be Leased (attach Quote/Proposal)			Equipment Cost:
Lease Term <input type="checkbox"/> 24 mo <input type="checkbox"/> 36 mo <input type="checkbox"/> 48 mo <input type="checkbox"/> 60 mo		Purchase Option <input type="checkbox"/> 10% <input type="checkbox"/> \$1.00 <input type="checkbox"/> FMV	

## Principal(s)/Guarantor(s) Information PLEASE TYPE OR PRINT ALL INFORMATION

PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO	SOC SEC NO	DATE OF BIRTH
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	
PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO	SOC SEC NO	DATE OF BIRTH
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	
PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO	SOC SEC NO	DATE OF BIRTH
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	

## Authorization for Credit Inquiry

The undersigned (individually and collectively "Guarantor") whose signature(s) appear below personally and individually represent and warrant to American Capital Financial Services, Inc. ("ACFS") that Guarantor has an ownership interest in the Business identified in this application and that the information contained in this application is true and correct in all respects. Guarantor understands that Guarantor's personal guarantee(s) (with joint and several liability where there are multiple Guarantors) may be necessary to attempt to obtain funding for leasing equipment to the Business, and may be required if equipment is leased to the Business and Guarantor agrees to provide such guarantee(s) if so required. Guarantor authorizes ACFS, its agents, assigns and the financial institutions, funding sources, credit bureaus used by ACFS and any other person or entities working with ACFS to attempt to facilitate the leasing of equipment to the Business (all such individuals and entities hereinafter collectively referred to as "American Capital Affiliates") to investigate on an ongoing basis, obtain and share financial and related information from any source about Guarantor's personal credit standing and credit worthiness, including obtaining "consumer reports" as defined in the Fair Credit Reporting Act ("FCRA") for the purpose of evaluating Guarantor's personal credit worthiness to guarantee the Business's obligations under any actual or proposed equipment lease or extension or renewal thereof. By his or her signature, Guarantor, personally and individually, authorizes ACFS and their Affiliates to share Guarantor's personal consumer reports and other personal information and hereby directs any credit bureau or similar agency holding credit information, including "consumer reports" as defined in the FCRA, concerning Guarantor to provide such information to ACFS and their Affiliates for purposes indicated herein. Guarantor irrevocably waives any and all rights, claims and causes of action Guarantor might have under the FCRA against ACFS and its Affiliates for use of consumer reports or other materials for the purposes indicated herein. Guarantor represents and warrants that any equipment sought to be leased through ACFS will be exclusively for the Business's business use and not for personal, family or household purposes.

\_\_\_\_\_, Individually SIGNATURE PRINT NAME DATE

\_\_\_\_\_, Individually SIGNATURE PRINT NAME DATE

\_\_\_\_\_, Individually SIGNATURE PRINT NAME DATE

Email this application to: acfsinc@amcapfinance.com or Fax: 630-512-0070