SUPERMAX TOOLS
Improving Your Greatest Asset...Time

ACG EQUIPMENT FINANCE

CREDIT APPLICATION

Fax application to: 800-830-9855

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 & CONTACT INFORMATION
NAME: TITLE:			TELEPHONE: CELL PHONE: E-MAIL:
NAME: TITLE:			TELEPHONE: CELL PHONE: E-MAIL:

BANK NAME	BUSINESS ACCOUNT	CONTACT	PHONE NUMBER

EQUIPMENT DEALER

Supermax Tools
1275 Corporate Center Drive
Eagan, MN 55121
Phone: 651-454-3401 Toll Free: 888-454-3401
Email: sales@supermaxtools.com

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

I authorize ACG Equipment Finance to perform a standard credit investigation as it applies to this credit application.

By: _____
Authorizing Officer

_____
Print Name

Contact Scott Hirz at ACG Equipment Finance for all your financing needs:

866-807-8383 Direct

800-830-9855 Fax

scotthirz@1acg.com