



Equipment Lease and Finance Application
Questions: Call 800-669-8008

ATLANTIC COMMERCIAL CREDIT
2121 Ebenezer Rd., Suite 103
Rock Hill, SC, 29745

(FOR FAST RESPONSE, PLEASE CALL OR FAX YOUR COMPLETED APPLICATION TO: FAX: 877-669-8008)

SALES REPRESENTATIVE:

COST OF EQUIPMENT: \$

EQUIPMENT DESCRIPTION:

COMPANY INFORMATION

COMPANY NAME:	BUSINESS TELE:	BUSINESS FAX:			
BILLING ADDRESS:	CITY	STATE	ZIP	COUNTY	YEARS IN BUSINESS: _____
EQUIPMENT ADDRESS IF DIFFERENT THAN ABOVE:	CITY	STATE	ZIP	COUNTY	
(Check one only) CORPORATION: _____ PARTNERSHIP: _____ PROPRIETOR: _____ TAX ID#: _____					

OWNERSHIP

OWNER OR PRESIDENT (FULL NAME):	OF OWNERSHIP	HOME PH #		
HOME ADDRESS:	CITY	STATE	ZIP	SOCIAL SECURITY #:

OTHER OWNERS

OTHER OWNER OR OFFICER (FULL NAME):	OF OWNERSHIP	HOME PH #		
HOME ADDRESS:	CITY	STATE	ZIP	SOCIAL SECURITY #:

BANK INFORMATION

NAME OF BUSINESS BANK	BANK CONTACT:	PH #	ACCT. #:
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TRADE REFERENCES

1) COMPANY NAME:	CITY/STATE	CONTACT PERSON	PH #
2) COMPANY NAME:	CITY/STATE	CONTACT PERSON	PH #
3) COMPANY NAME:	CITY/STATE	CONTACT PERSON	PH #

The undersigned individual(s) as principal(s) of and/or guarantor(s) for the applicant, authorizes Atlantic Commercial Credit Corp., its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the 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.

SIGNED

SIGNED