



CREDIT APPLICATION

Questions ? Please call 888-692-6722

Customer Information

Legal Company Name	Contact Person	Phone
Address	City, State, Zip	Fax
Physical Location of Equipment (if different from above)	City, State Zip	Contact E-mail Address
Accounts Payable Contact	Phone (if different from above)	Accounts Payable E-mail Address
CFO/Controller Contact	Phone (if different from above)	CFO/Controller E-mail Address
Federal Tax ID #	Annual Revenue	Number of Employees
___ Corp ___ Sole Prop. ___ LLP ___ LLC	Current Ownership Since	Year Company Started
Has the business or principal/owner ever declared bankruptcy? ___ Yes ___ No If yes, what year? _____.		
Are there any suits, judgments, or tax liens against the Applicant or any of the principals? ___ Yes ___ No		

Transaction Information

Equipment Supplier	Sales Representative	Sales Representative's Phone
Equipment to be Leased	Equipment Cost	Monthly Payment \$
Lease Term (in months)	Purchase Option (check one) ___ FMV ___ 10% ___ \$1.00	Age of Equipment ___ New ___ Used
		Model Year (If Used)

Bank Reference

Bank Name (Checking or Line of Credit)	Bank Address, City, State, Zip
Checking Acct. #	Line of Credit Acct. #
Bank Officer or Contact	Phone

Comparable Loan/Lease References

Loan or Lease Company Name		Loan or Lease Company Name	
Contact Name	Phone	Contact Name	Phone
Lease/Loan Acct. #	Original Loan/Lease Amount	Lease/Loan Acct. #	Original Loan/Lease Amount

Principals Information (attach separate application for additional owners)

Name	Title	Percent of Ownership %
Home Address	City, State Zip	Social Security Number
Name (attach additional owners/guarantors)	Title	Percent of Ownership %
Home Address	City, State Zip	Social Security Number

Credit Authorization: I/We hereby authorize American Packaging Capital, Inc., 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 updating, renewing, extending additional credit or the collection of any late account. I/We hereby authorize our references to release all credit information and I/We represent and warrant that the information submitted herein is true, complete and accurate. A facsimile, electronic or other copy of this authorization shall be as valid as the original. You understand and agree that if you opt to sign this application with an Electronic Signature then your Electronic Signature is the legal equivalent of your manual signature on this application.

Signature _____ **Date** _____

Please e-mail (credit@myampac.com) or FAX (800-829-9008) completed and signed application.