

258 King George Road  
Warren, NJ 07059  
800-785-3060  
908-542-9333 fax

Contact: Len Baccaro ext. 202  
Please complete application and fax to AEF

**CUSTOMER INFORMATION:**

COMPLETE LEGAL NAME OF BUSINESS:		DATE BUSINESS STARTED		___ SOLE PROP ___ LLC	
MAILING ADDRESS OF BUSINESS		CITY	STATE	ZIP CODE	COUNTY
PHYSICAL ADDRESS OF EQUIPMENT (if different than above)		CITY	STATE	ZIP CODE	COUNTY
PHONE NUMBER	FAX NUMBER	CONTACT PERSON		FEDERAL TAX ID#	
E-MAIL ADDRESS		TYPE OF BUSINESS		CONTACTS CELL PHONE NUMBER	

**VENDOR / EQUIPMENT INFORMATION:**

VENDOR NAME	ADDRESS	CONTACT
PHONE / FAX	TYPE OF EQUIPMENT	APPROXIMATE COST \$
FINANCE TERM IN MONTHS ___ 36 ___ 48 ___ 60 ___ 72 ___ 84		AGE OF EQUIPMENT ___ NEW ___ USED

**OWNER / STOCKHOLDER INFORMATION:**

PRINCIPAL'S NAME AND TITLE	% OWNED	SOCIAL SECURITY	DATE OF BIRTH
HOME ADDRESS	CITY	STATE ZIP	HOME PHONE
PRINCIPAL'S NAME AND TITLE	% OWNED	SOCIAL SECURITY	DATE OF BIRTH
HOME ADDRESS	CITY	STATE ZIP	HOME PHONE

**BANK REFERENCE:**

BANK NAME	ACCOUNT NO.	CONTACT	PHONE
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**LEASE / LOAN REFERENCE:**

CREDITOR	ACCOUNT NO.	CONTACT	PHONE
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**TRADE / SUPPLIER REFERENCE:**

COMPANY NAME	ACCOUNT NO.	CONTACT	PHONE
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**AUTHORIZATION TO RELEASE INFORMATION:** In connection with the above referenced financing application, each of the undersigned authorizes American Equipment Finance, LLC and or its assignees to make all inquires it deems necessary to verify the accuracy of the information provided by the undersigned including, but not limited to consumer credit reports, banking, borrowing and trade information. The undersigned further states that the information contained in the application is true and correct.

By: \_\_\_\_\_  
Owner / Stockholder

By: \_\_\_\_\_  
Owner / Stockholder

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name