



ATLANTIC CAPITAL www.atlanticcapital.com Fax: 888-799-3708
 6851 Oak Hall Lane Suite 105 Columbia, MD 21045 Ph: 888-799-3330 ext. 305 (Diane Johnston)

Full Legal Business Name, DBA		Federal Tax ID #	
Billing Street Address		Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	County	State	Zip
Equipment Location (if different from above)			
Contact Name	Title	Phone #	Email Address
Nature of Business		Date / State Established	
Principal/Title (attached list of additional owners if needed)		% Ownership	Social Security Number
Home Address			Phone #
Principal/Title		% Ownership	Social Security Number
Home Address			Phone #
<input type="checkbox"/> Corporation	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC <input type="checkbox"/> Subchapter S <input type="checkbox"/> LLP
Total Estimated Price	Equipment Description	Equipment Manufacturer & Model	
Supplier Name(s)	Contact Name(s)	Phone #	

Business Bank Name	Contact	Checking Account #	Loan Account #
Address (City, State)		Savings Account #	Phone #
Previous Bank Name (if above less than 2 years)		AC#	Phone #

Lessor Name	Lease Account #	Purchase Option
Sales Price	Months Remaining	Term

Trade References			
Company Name/City/State	Account #	Phone #	Fax #
2.			
3.			

The applicant (Lessee) certifies to Atlantic Capital that it is applying for credit for business purposes, and not for personal, family or home use. The undersigned agrees that Atlantic Capital or its agents have the right to confirm the accuracy of the above referenced credit information and that Atlantic Capital or its agents have the right to accept or reject this credit application. ****ALL OWNERS MUST SIGN BELOW****

Signature	Title	Date
Signature	Title	Date