



Corporate Office: 391 Diablo Rd, Suite C, Danville, CA 94526. Sales Offices: Florida and Southern California.
Please fax signed and completed application to (800) 829-9008.

Customer Information

Legal Company Name	Contact Person	Phone
Address	City, State, Zip	Fax
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 #	Dun & Bradstreet #	Number of Employees
Choose one: Corporation _____ Proprietorship _____ Partnership _____		Year Company Started

Transaction Information

Supplier	Representative	Representative's Phone
Equipment to be Leased	Equipment Cost	Sales Tax Rate for <u>Equipment Location</u>
Lease Term (in months)	Purchase Option (check one) ___ FMV ___ 10% ___ \$1.00	Monthly Payment \$

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

Personal Data for All Owners and Guarantors (attach separate application for Corporate Guarantors)

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.

Signature _____

Date _____