



AMERICAN
PACKAGING CAPITAL, INC.

Since 1993

CREDIT APPLICATION

1-888-692-6722 WWW.MYAMPAC.COM

Packaging Equipment Financing Specialists

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
<input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop. <input type="checkbox"/> LLP <input type="checkbox"/> LLC	Current Ownership Since	Year Company Started
Has the business or principal/owner ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____.		
Are there any suits, judgments, or tax liens against the Applicant or any of the principals? <input type="checkbox"/> Yes <input type="checkbox"/> 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	Age of Equipment <input type="checkbox"/> New <input type="checkbox"/> Used	Model Year (If Used)

Principals Information (attach separate application for additional owners)

Name	Title	% Ownership %	Date of Birth
Home Address	City, State Zip	Social Security Number	
Name	Title	% Ownership %	Date of Birth
Home Address	City, State Zip	Social Security Number	
Name	Title	% Ownership %	Date of Birth
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.

For your **convenience** and to **expedite** your equipment order,
after credit approval all lease documents are executed via **DocuSign**.