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Credit Application

COMPANY PROFILE:

Legal Name: _____
 Address: _____ City: _____
 County: _____ State: _____ Zip: _____ Years in Business: _____
 Phone: _____ Fax: _____ Cell Phone: _____

PRINCIPALS: (PRESIDENT, OWNER, PARTNERS)

Full Legal Name & Title	Home Address & Zip Code	Social Security #
_____	_____	_____
_____	_____	_____
_____	_____	_____

DESCRIPTION OF EQUIPMENT:

Total Price Without Tax: _____ Terms Requested (months): _____ Purchase Option: _____

BANK INFORMATION: Business Checking Information (2yrs or older)

Bank _____ Phone: _____ Contact: _____
 Account # _____

I authorize Alliance Capital Group LLC to perform a standard credit investigation as it applies to this credit application.

Customer Signature: _____ **Date:** _____