

A finance program for:



Atlas Copco Customer Finance

Send completed application to:
compressorsfinancing@us.atlascopco.com

Fax: 803-817-7467

Company Name _____

Address _____ Phone _____

City _____ County _____ State _____ Zip _____ Fax _____

Billing Address (if different from above) _____

Contact: _____ Title _____ Years in Business _____

Contact cell number: _____ Email _____

Description of Business _____ Fed ID # _____

(Required Information)

Years of Operation by Present Owner _____ Corporation LLC Partnership Sole Proprietor Other _____

BANKS	Name	Telephone	Account Number	Account Officer
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

If individually owned, a partnership or a closely held corporation, please include and complete the following:

Name _____ S.S.# _____ DOB _____ Phone _____

Address _____ City _____ State _____ Zip _____ Rent Own

Name _____ S.S.# _____ DOB _____ Phone _____

Address _____ City _____ State _____ Zip _____ Rent Own

I/We have applied to finance equipment. I/We authorize Atlas Copco Customer Finance USA LLC and/or its affiliates to investigate the references listed above or other credit data including reports from credit reporting agencies which may be required as part of its normal credit approval procedures and authorize that any such information requested may be released by telephone. I also recognize that my individual credit history may be a factor in the evaluation of the credit request, and hereby consent to and authorize the above named business credit provider and an assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review processes and waives any right or claim they would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent. **NOTICE: We comply with Section 326 of the USA PATRIOT Act. This law mandates that we verify certain information about you while processing your lease application.**

Authorized this _____ Day of _____ 20_____

Signature _____ Title _____

DESCRIPTION OF EQUIPMENT TO BE FINANCED

Quantity	New/Used	Model - Description	Unit Cost	Total Cost

Term (months) _____	Interest Rate _____	Total Cost
		Less Trade / Down payment ()
Type of Financing: <input type="checkbox"/> Loan <input type="checkbox"/> \$1.00 Buyout Lease <input type="checkbox"/> FMV Lease		Sales Tax (if applicable)
		TOTAL to Finance

Tax Exempt: Yes _____ No _____ (If yes please provide copy of exemption certificate.)