



BGA Sales & Leasing Application

Administered by ACI Financial, Inc.
 612 11th Street, Dawson, Minnesota 56232
 (320) 769-4844, x145 (877) 862-6615, x145 (320) 769-4809, fax



CHURCH NAME		Important to list legal name of entity	
Church Name		Nature of Business	
Physical Address		Federal I.D. Number	
City	County	State	Zip
Telephone		Fax Number	Office Hours
EQUIPMENT LOCATION (if different than above)		Contact and Contact Number	
		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Sub S <input type="checkbox"/> PA/PC	# Of Employees
		Years in Business	

CHURCH STATISTICS		
Website	Name of Any Affiliated Businesses From Your Location	Number of Active Members
Budget for:	Last Year This Year	Amount of Weekly Collections
What Is Your Business Structure Governing Body: (Deacons, Elders, Bishops, etc.)		Who Makes the Financial Decisions

EQUIPMENT TO BE FINANCED	PURCHASE PRICE
	\$

BUSINESS/TRADE REFERENCES Accounts paid monthly – insurance, utilities, cleaning service, etc				
Name	City/State	Telephone	Account No.	Contact

CHURCH BANK REFERENCES AND MORTGAGE REFERENCE		
Bank	Bank	MORTGAGE REFERENCE
Phone	Phone	Bank
Account No.	Account No.	Phone
Account Type: (Checking, Savings etc)	Account Type	Account No.
Contact	Contact	Contact

PLEASE FAX A COPY OF THE LAST THREE MONTHS OF YOUR CHURCH CHECKING ACCOUNT BANK STATEMENTS.

AUTHORIZATION TO RELEASE INFORMATION
By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to ACI Financial, Inc. or its designee (any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual's identified in the above application.
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