

Accelerated

CREDIT APPLICATION  FAX BACK TO 866.667.7029



The Business of Capital Accelerated

Business Name and DBA (if applicable)	Business Street Address	City/State/Zip
Business Telephone	Business FED Tax ID#	E-mail Address
Business Structure (Corp, LLC, etc.)	Date Established	Description of Business
Bank Name & Address	Bank Account Number	Bank Phone Number and Contact Name
Owner/Guarantor #1: Name	Guarantor #1: Ownership % and Title	Guarantor #1: Social Security Number
Guarantor #1: Home Street Address	Guarantor #1: City/State/Zip	Do you rent or own your practice space?
Guarantor #1: Home Telephone Number	Guarantor #1: Years in Practice/Business	License Number (physicians only)
Owner/Guarantor #2 (if applicable): Name	Guarantor #2: Ownership % and Title	Guarantor #2: Social Security Number
Guarantor #2: Home Street Address	Guarantor #2: City/State/Zip	Do you rent or own your practice space?
Guarantor #2: Home Telephone Number	Guarantor #2: Years in Practice/Business	License Number (physicians only)
Combined Personal Income:	Stated Practice Revenues:	
Equipment Description:	Amount Requested:	

CONTACT us today to find out how AMC Funding Group can help.

www.amcfg.com

Release: 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 AMC Funding Group or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau and permission to obtain a reference from the above referenced Company. 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 signing below, I/we affirm my/our identity as the respective individuals identified in the above application.

Owner/Guarantor#1 _____ Date: _____

Owner/Guarantor#2 _____ Date: _____

AMC Funding Group

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