



175 Technology Dr. Ste 100  
Irvine, CA 92618

p. 949-271-5800 f. 949-271-5851

**ACCOUNT UPDATE FORM**

**Account Executive:** \_\_\_\_\_

**LESSEE Important to set out the full legal name of company**

Company Name \_\_\_\_\_

Physical Address \_\_\_\_\_ Tax I.D. Number \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Nature of Business \_\_\_\_\_ Telephone \_\_\_\_\_ No. of Years in Business \_\_\_\_\_

E-mail Address \_\_\_\_\_ Website \_\_\_\_\_

Type of Business:  LLC  Non-Profit  Proprietorship  Partnership  Corporation No. of Employees \_\_\_\_\_

**PERSONAL INFORMATION on officers, Partners, or Guarantors**

1.) Name \_\_\_\_\_ Title \_\_\_\_\_ Percentage of ownership: \_\_\_\_\_ % Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2.) Name \_\_\_\_\_ Title \_\_\_\_\_ Percentage of ownership: \_\_\_\_\_ % Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission Equal Credit Opportunity, Washington, D.C. 20580. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Lessor set forth above within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

**EQUIPMENT TO BE LEASED Attach a separate list if necessary**

Qty.	Serial#	Description	Cost
			\$

**LEASE TERMS:** Initial Term (monthly) \_\_\_\_\_ Advance Rentals \_\_\_\_\_ Ship Date \_\_\_\_\_ **TOTAL:** \_\_\_\_\_

**VENDOR INFORMATION**

Name \_\_\_\_\_ Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_ Manufacturer \_\_\_\_\_

**TRADE REFERENCES Important to establish high credit and good payment history**

Name of Supplier \_\_\_\_\_ City/State \_\_\_\_\_ Telephone \_\_\_\_\_ Contact \_\_\_\_\_

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**LEASE AND LOAN REFERENCES Six month pay history**

Lender \_\_\_\_\_ Original Amount \_\_\_\_\_ Account No. \_\_\_\_\_ Telephone \_\_\_\_\_ Contact \_\_\_\_\_

Lender \_\_\_\_\_ Original Amount \_\_\_\_\_ Account No. \_\_\_\_\_ Telephone \_\_\_\_\_ Contact \_\_\_\_\_

**COMPANY BANK REFERENCES Must have two year history**

Name of Bank/Branch \_\_\_\_\_ How long \_\_\_\_\_ Telephone \_\_\_\_\_

Checking Acct. No. \_\_\_\_\_ Loan Acct. No. \_\_\_\_\_ Contact \_\_\_\_\_

Name of Bank/Branch \_\_\_\_\_ How long \_\_\_\_\_ Telephone \_\_\_\_\_

Checking Acct. No. \_\_\_\_\_ Loan Acct. No. \_\_\_\_\_ Contact \_\_\_\_\_

By signing below, you certify that the statements above and on any attachments are true and complete as of the date given below. You authorize American Capital Group or agents to investigate applicant's credit worthiness as may need. The undersigned authorizes all banking institutions, credit reporting agencies and its agent to release all necessary information, for the purpose of securing a lease.

Customer Name \_\_\_\_\_ Signature X. \_\_\_\_\_ Date \_\_\_\_\_

Customer Name \_\_\_\_\_ Signature X. \_\_\_\_\_ Date \_\_\_\_\_