



Church Furniture Store Application

Administered by ACI Financial, Inc.
612 11th Street, Dawson, Minnesota 56232
(320)769-4844 or TF (877)862-6615, x202145 (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	Years in Business	# Of Employees
Telephone	Fax Number	Office Hours		? Proprietorship ? Corporation	? Partnership ? Sub S ? LLC ? PA/PC
EQUIPMENT LOCATION (if different than above)				Contact and Contact Number	

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

	\$
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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

PERSONAL INFORMATION On Officers, Partners, or Guarantors

Name	Title	% of Ownership	Social Security No.
Home Address	City	State	Zip
Home Phone No.			
Name	Title	% of Ownership	Social Security No.
Home Address	City	State	Zip
Home Phone No.			

PLEASE FAX COPY OF THE LAST THREE MONTHS CHURCH CHECKING 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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