



## Church Chair Industries Application

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



<b>CHURCH NAME</b> <span style="float: right;">Important to list legal name of entity</span>					
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		<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership
				<input type="checkbox"/> Corporation	<input type="checkbox"/> Sub S
				<input type="checkbox"/> LLC	<input type="checkbox"/> PA/PC
EQUIPMENT LOCATION (if different than above)				Contact	

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

<b>EQUIPMENT TO BE FINANCED</b>	<b>PURCHASE PRICE</b>
	<b>\$</b>

<b>BUSINESS/TRADE REFERENCES</b> <span style="float: right;">Accounts paid monthly – insurance, utilities, cleaning service, etc</span>				
Name	City/State	Telephone No.	Account No.	Contact

<b>CHURCH BANK REFERENCES AND MORTGAGE REFERENCE</b>		
Bank	Bank	<b>MORTGAGE REFERENCE</b>
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.**

<b>AUTHORIZATION TO RELEASE INFORMATION</b>
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.
<b>X</b>