

Kivett's Inc. Application

Administered by ACI Financial, Inc.
PO Drawer 590, Clinton, NC 28329
(800) 334-1139, (910) 592-5150, fax

KIVETT'S

Fine Church Furniture

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		<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC
EQUIPMENT LOCATION (if different than above)				<input type="checkbox"/> Corporation	<input type="checkbox"/> Sub S	<input type="checkbox"/> PA/PC
				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

\$

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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