



Credit Application

3745 W. Chapman Ave, Ste. 200
Orange, CA 92868

www.alliancefunds.com

Attn: Dustin Holcomb

Phone: 714-278-4494

Fax: 714-919-8766

Company Information

APPLYING FOR:	<input type="checkbox"/> LEASE	<input type="checkbox"/> WORKING CAPITAL \$	<input type="checkbox"/> BOTH	
BUSINESS TYPE:	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SOLE PROP	<input type="checkbox"/> LLC	<input type="checkbox"/> CORPORATION
AMOUNT NEEDED				
COMPANY NAME EXACT LEGAL NAME	TELEPHONE NUMBER		E-mail	
ADDRESS	CITY	COUNTY	STATE	ZIP
YEARS IN BUSINESS	ANNUAL SALES LAST CALENDAR YEAR		DATE OF INC.	
NATURE OF BUSINESS	FED TAX ID # (IF APPLICABLE)		COMPANY WEBSITE (If available)	

(WORKING CAPITAL ONLY)

LANDLORD NAME	LANDLORD PHONE	LEASE/MORTGAGE PAYMENT
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Principal Information (ON OFFICERS, PARTNERS OR GUARANTORS)

NAME	TITLE	SSN	DATE OF BIRTH
HOME ADDRESS	CITY / STATE / ZIP	HOME PHONE	% OWNERSHIP
NAME	TITLE	SSN	DATE OF BIRTH
HOME ADDRESS	CITY / STATE / ZIP	HOME PHONE	% OWNERSHIP

Vendor Information EQUIPMENT SELLER (LEASE ONLY)

COMPANY NAME	ADDRESS	CITY / STATE / ZIP
TELEPHONE NUMBER	FAX NUMBER	SALES CONTACT
EQUIPMENT TYPE (REQUIRED)	AMOUNT (REQUIRED)	BUDGETED MONTHLY PAYMENTS

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 Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau, as well as obtaining bank and/or other credit information as required. Such authorization shall extend to obtaining a credit profile in considering this application 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 application received.

COMPANY NAME

X

PRINCIPAL (REQUIRED)

TITLE

DATE

PLEASE COMPLETE AND EMAIL OR FAX IT BACK TO MY ATTENTION AT 714-919-8766

Simplifying **FINANCE**