



Equipment Finance Division
CREDIT PROFILE

TEL: 877-406-3ACC
FAX: 877-406-9ACC

Name of Business:							
Phone:		Fax:		Contact:		Title:	
Address:				City:		State:	
Nature of Business:				Type: (corporation, partnership, sole proprietor)			
Current Ownership Since:			Website:	WWW.			

Equipment Information:

Vendor:			Phone:		Fax:	
Contact:		Equipment:			Cost:	\$

Ownership Information:

Name	% Owner	Title	Social Sec. #	Home Address
	%			
	%			

Business Bank References:

Name of Bank	Average Balance	Account #	Phone #	Contact
	\$			
	\$			

By checking the box below, the individual(s) named below, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides authorization to Alliance or its designee (and any 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 related application and warrant that all credit and financial information submitted herewith or any time is true and correct and authorize verification of information provided.

Authorized: <input checked="" type="checkbox"/> YES	By:		Date:	
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** Providing Quality Service with Integrity Since 1995 **

