

CREDIT APPLICATION

3745 West Chapman Avenue, Suite 200 | Orange, CA 92868 | Phone: (800) 978-8817 | Fax: (800) 257-0395 | www.alliancefunds.com



COMPANY INFORMATION

| | | | | |
|---------------------------------------------|----------------------------------------|----------------|-------|-----|
| COMPANY NAME (EXACT LEGAL NAME) | TELEPHONE NUMBER | E-MAIL | | |
| ADDRESS | CITY | COUNTY | STATE | ZIP |
| YEARS IN BUSINESS | SOLE PROP. / PARTNERSHIP / CORPORATION | DATE OF INC. | | |
| NATURE OF BUSINESS | | | | |
| COMPANY BANK NAME | TEL. NUMBER / CONTACT | ACCOUNT NUMBER | | |
| COMPANY BANK NAME (ADDITIONAL IF AVAILABLE) | TEL. NUMBER / CONTACT | ACCOUNT NUMBER | | |
| TRADE REFERENCES (SUPPLIERS) | TEL. NUMBER | CONTACT PERSON | | |
| TRADE REFERENCES (SUPPLIERS) | TEL. NUMBER | CONTACT PERSON | | |

PRINCIPAL INFORMATION (ON OFFICERS, PARTNERS OR GUARANTORS) *(Corp only is not necessary)

| | | |
|--------------|--------------------|------------------------|
| NAME | TITLE | SOCIAL SECURITY NUMBER |
| HOME ADDRESS | CITY / STATE / ZIP | HOME PHONE NUMBER |
| NAME | TITLE | SOCIAL SECURITY NUMBER |
| HOME ADDRESS | CITY / STATE / ZIP | HOME PHONE NUMBER |

VENDOR INFORMATION EQUIPMENT SELLER

| | | |
|-------------------------------|-------------------|---------------------------|
| COMPANY NAME | ADDRESS | CITY / STATE / ZIP |
| TELEPHONE NUMBER | FAX NUMBER | SALES CONTACT |
| EQUIPMENT TYPE (REQUIRED) | AMOUNT (REQUIRED) | BUDGETED MONTHLY PAYMENTS |
| CUSTOMER NAME | TITLE | |
| CUSTOMER SIGNATURE (REQUIRED) | DATE | |

Delivery of this application bearing a facsimile signature(s) shall have the same force and effect as if the application bore an inked original signature(s). The applicant certifies that all information provided is true, correct and complete and that the account will be used solely for business and commercial purposes. The applicant, owner(s) and guarantor (if any) authorize Alliance Funding Group or its designee(s) or assignee(s) to obtain any information it may request from any business or consumer reporting agency(ies) or other sources that provide credit reports, account history information, credit and employment history or similar information; such authorization shall extend to update renewal or credit and for reviewing or collecting the account. The applicant acknowledges that, based upon such information and other factors which may apply, Alliance Funding or its assignee(s) or designee(s), in their sole discretion, may either grant or decline to grant credit. By signing above, I also wish to continue to receive updates from Alliance Funding Group regarding our account. Information should be sent to the fax and/or email address given for the account.