



Alliance Funding Group



Credit Application

(800)-978-8817

ext.

(800)-978-8817

ext.

Direct:
Email:

Direct:
Email:

www.afg.com

Applying for	<input type="checkbox"/> Lease	<input type="checkbox"/> Working Capital	<input type="checkbox"/> Both	Amount needed:
--------------	--------------------------------	--	-------------------------------	----------------

Company Information

Business name/Lessee		DBA		
Street Address		City	State	Zip Code
Phone	Company Email	Personal E-mail address (If Applicable)		Website
Business Description		Business Type	Years in Business (date or # of Yrs)	Fed. Tax No.
Location of equipment - if different from above (Street)		Location of Equipment (City)	State	Zip Code

Principal Information (on officers, partners or guarantors)

Principal 1 First & Last name	Title	% ownership	Home phone no.		SSN
Home street address	City	State	Zip Code	Own <input type="checkbox"/> Rent <input type="checkbox"/>	DOB (mm/dd/yyyy)
Principal 2 First & Last name	Title	% ownership	Home phone no.		SSN
Home street address	City	State	Zip Code	Own <input type="checkbox"/> Rent <input type="checkbox"/>	DOB (mm/dd/yyyy)

Vendor Information (equipment seller, lease only)

Vendor/Supplier	Contact Person	Vendor Email		Phone
Street Address	City	State	Zip Code	
Equipment description				
Cost of equipment	Preferred term	Budgeted payment		

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 (each, a "Designee") 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. Notwithstanding the fact that Lessor provides commercial services to which certain consumer communication laws do not apply, you consent to contact by Lessor or its Designee using any information you provide to Lessor and understand that such information may be used to deliver autodialed, prerecorded, and text based messages, including via mobile phone and email, for telemarketing, collection, and other business purposes. 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.

Principal 1: _____

Date (mm/dd/yyyy): _____

Principal 2: _____

Date (mm/dd/yyyy): _____

Headquarters

17542 17th Street
Suite 200
Tustin, CA 92780

Los Angeles

222 N. Pacific Coast Hwy
Suite 2145
El Segundo, CA 90245

Portsmouth

2 International Drive
Suite 140
Portsmouth, NH 03801

Scottsdale

14614 N. Kierland Blvd
Suite N100
Scottsdale, AZ 85254

Tacoma

914 A Street,
Ste. 200
Tacoma, WA 98402



Experience Matters