LIAN nancing Grou

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Tel: (905) 660-3660 Toll Free: (877) 660-3660 Fax: (905) 660-3078 Toll Free: (877) 660-3078 Web Site: www.alliancefinancing.com

Lease Credit Application (USA)

Leasing Acct. Mgr: Paul J Morri	son email: pjm	orrison@alliancefinancing.co	m	204	952-6460
Applicant Busine	ss Information	Federal ID Number:			
Full Legal Name		Trade Name or Operating Na	ame		
Mailing Address		City	State	e	Zip Code
Telephone	Fax	Contact Name	Ema	il	
Date Incorporated or Established	Yrs. Under Present Owner	Type of Business / Industry			No. of Employees
Structure: Corporation LLC Partnership Proprietorship Other:					

Business Bank References

Bank Name	Officer	Account #	Phone	Fax
1				
2				

Loan and Trade References (Comparable Debts)

Firm Name 1	Contact	Phone	Fax
2			
3			

Personal Information on Owners, Partners or Guarantors

Name	Title	% Owned	Phone	Social Security Number
Home Address, City, State, Zip Code			Home Ownership or Rent	Date of Birth

Name	Title	% Owned	Phone	Social Security Number
Home Address, City, State, Zip Code			Home Ownership or Rent	Date of Birth

Vendor & Equipment Information

Vendor Name		Street, City, State, Zip Code				
Vendor Phone	Fax	Vendor Contact				
Equipment to be Leased (Quant	· · · ·	EW 🔲 USED	Model		Serial No	
Price Before Taxes \$	Term of Lease	Monthly Payment		Purchase Optio	on	
I hereby certify: (i) the information provided above is true and correct, (ii) you are hereby authorized to investigate all bank, credit, and trade references, and said references are hereby authorized to release any requested information to you or your nominee, (iii) 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, (iv) this information may be transmitted by us to you and by you to underwriter/s for the purpose of granting to me credit, either electronically or manually, and that by submitting this application, I take full responsibility for transmission thereof, (v) I am over 18 years of age, (vi) I acknowledge my rights under the Fair Credit Opportunity Act, and (vii) this request is for business and not consumer purposes.						

Authorized Signature

X			
Authorized Signature	Name (Please Print)	Title	Date
X			