



COMPANY INFORMATION

COMPANY NAME <small>EXACT LEGAL NAME</small>		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 <small>(ADDITIONAL IF AVAILABLE)</small>		TEL. NUMBER / CONTACT		ACCOUNT NUMBER
TRADE REFERENCES <small>(SUPPLIERS)</small>		TEL. NUMBER		CONTACT PERSON
TRADE REFERENCES <small>(SUPPLIERS)</small>		TEL. NUMBER		CONTACT PERSON

PRINCIPAL INFORMATION (ON OFFICERS, PARTNERS OR GUARANTORS)

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 Preferred Vendor Program

Providing System Solutions – Application Only program

EQUIPMENT TYPE <small>(REQUIRED)</small>	AMOUNT <small>(REQUIRED)</small>	BUDGETED MONTHLY PAYMENTS
Applicant warrants that all the information provided to the Lessor is true and correct, and authorizes Alliance Funding Group, Inc. and/or its affiliates to investigate applicants credit worthiness as may be needed. The undersigned authorizes all banking institutions, credit reporting agencies, trade references and its agents to release all necessary information via telephone, mail or facsimile as requested, for the purpose of securing a lease. By signing below applicant also authorizes AFG and/or its affiliates to send via mail, email or facsimile new offer(s) on a recurring basis. You will have option to unsubscribe at any time.		

CUSTOMER NAME	TITLE
X	
CUSTOMER SIGNATURE <small>(REQUIRED)</small>	DATE

VISIT US AT www.alliancefunds.com

Please sign and fax back to Steve @ 714-704-1448
 Email: sfriedrich@alliancefunds.com or (714) 450-1292