



865 North LaSalle / Chicago, Illinois 60610

Tel: (888) 727-9960 Fax: (312) 664-3021

CONFIDENTIAL CREDIT APPLICATION

DATE: _____

Name: _____ Annual Sales: _____
Address: _____ City: _____ State: _____ Zip: _____
Equipment Location: (If different) _____ County: _____ E-Mail _____
Customer Contact: _____ Title: _____ Tel: _____
Type of Business: _____ # Employees _____ Fax: _____
Type of Organization: Proprietorship: [] Partnership: [] Years in Business _____
Corporation [] LLC [] Fed.I.D. _____
D & B # _____

BANK REFERENCES

Name: _____ Acct# _____ Contact: _____ Tel# _____
Name: _____ Acct# _____ Contact: _____ Tel# _____

TRADE REFERENCES

Supplier: _____ Acct# _____ Contact: _____ Tel# _____
Supplier: _____ Acct# _____ Contact: _____ Tel# _____
Supplier: _____ Acct# _____ Contact: _____ Tel# _____
Lease: _____ Acct# _____ Tel: _____ Fax: _____

COST

TERM

BUYOUT OPTION

SPECIAL STRUCTURE

INSTALLATION TIME FRAME:

EQUIPMENT DESCRIPTION

Empty box for equipment description

VENDOR

Address: _____ City: _____ State: _____ Zip: _____
Tel: _____ Fax: _____ Fax: _____

PERSONAL GUARANTORS

Name: _____ Address: _____ Soc.Sec.# _____
Date of Birth _____ % Ownership: _____
Name: _____ Address: _____ Soc.Sec.# _____
Date of Birth _____ % Ownership: _____
Name: _____ Address: _____ Soc.Sec.# _____
Date of Birth _____ % Ownership: _____

By signing below, the undersigned individual, who is either a principal, a personal guarantor or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes ACC Alliance Commercial Capital, Inc or its designee the use of a consumer credit report on the undersigned, from time to time as may be needed. A photostat or facsimile copy of this authorization shall be valid as the original.

SIGNATURE X _____ SIGNATURE X _____ DATE _____

Offices Located In: San Francisco Chicago Florida Nevada Pennsylvania Oregon Washington