



ALLIANCE COMMERCIAL CAPITAL INC.



Asset Remarketing Alliance

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WEB SITE: www.accleasing.com E-Mail: sam@accleasing.com

Authorization for Sale of Equipment

Fill in as completely as possible and submit for processing

A formal authorization for sale will be forwarded upon receipt of this information which will outline all of the terms and conditions to this agency.

NAME: [input field]

ADDRESS : [input field]

CITY/STATE/ZIP : [input field]

CONTACT NAME : [input field]

TELEPHONE NUMBER : [input field]

FAX NUMBER : [input field]

E-MAIL : [input field]

WEBSITE : [input field]

PLACEMENT PRICE: [input field]

COMPLETE EQUIPMENT DESCRIPTION [input field]

YEAR MANUFACTURED: [input field] MODEL NUMBER [input field] SERIAL NUMBER : [input field]

PROVIDE DIGITAL PHOTOS OF EQUIPMENT: Digital photos attachment.

LOCATION OF EQUIPMENT:

Account Name: [input field]

Address [input field]

City/State/Zip [input field]

Contact [input field]

Tel: [input field]

Fax: [input field]

E-mail : [input field]

LEASE NUMBER./ACCOUNT NUMBER : [input field]

IN INVENTORY YES [input field] NO [input field]

COMMENTS/SPECIAL INSTRUCTIONS : [input field]

SUBMIT