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**CONFIDENTIAL
 CREDIT
 APPLICATION**

DATE: _____

Name: _____ E-Mail Address: _____
 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. _____

BANK REFERENCES

(Indicate when acct was opened)

Name: _____ Acct# _____ Contact: _____ Tel/Fax# _____
 Name: _____ Acct# _____ Contact: _____ Tel/Fax# _____

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

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 Texas