



Please fill out this credit app on your computer. The information lines below allow you to type in them. Then either e-mail it or fax it to Cindy at Alliance.

E-mail Address cadler@allianceleasing.net

800-449-0674

480-951-1848

## CREDIT APPLICATION

6051 East Campo Bello Drive, Scottsdale, Arizona 85254

Fax 480-951-3727 fax

Company: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
 Company Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Other: \_\_\_\_\_ Email: \_\_\_\_\_  
 Equip. Location: (If diff. from above) \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Federal ID#: \_\_\_\_\_  
 Form of Business:  Sole Proprietor  Corporation  Partnership  Other \_\_\_\_\_  
 Business Description: \_\_\_\_\_

OWNERSHIP INFORMATION				
Name	Title	SS#	Home Address	Phone / Fax
				ph fx
				ph fx
				ph fx

BANK REFERENCES				
Bank Name	Account #		Contact Name	Phone / Fax
		<input type="checkbox"/> Business <input type="checkbox"/> Personal		ph fx
		<input type="checkbox"/> Business <input type="checkbox"/> Personal		ph fx

TRADE REFERENCES				
Account Name	Account #		Contact Name	Phone

EQUIPMENT	
Equipment Description: _____	Equipment Cost: _____ <input type="checkbox"/> New <input type="checkbox"/> Used Year: _____

VENDOR		
Contact: _____	Phone: _____	Fax: _____
Name: _____	Email: _____	
Address: _____		

INSURANCE (Commercial insurance is required on leased equipment)	
Agent: _____	Phone: _____
Company: _____	Fax: _____

The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent.

\_\_\_\_\_  
 Sign Title Date

\_\_\_\_\_  
 Printed Name