

AMERICAN ALLIANCE FUNDING

8200 SOUTH QUEBEC ST., STE A: 3 #258

CENTENNIAL, CO 80112

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FAX 866.471.4260

DENVER 303.471.5135

FAX 303.471.4260

Commercial Lease Application

APPLICANT BUSINESS INFORMATION	COMPANY LEGAL NAME & DBA IF APPLICABLE (PLEASE WRITE BELOW)								
	BILLING ADDRESS	STREET	CITY & STATE	ZIP CODE	COUNTY				
	DELIVERY ADDRESS	STREET	CITY & STATE	ZIP CODE	COUNTY				
	TELEPHONE:	FAX:	EMAIL ADDRESS:						
	CONTACT:			WEBSITE:					
	DATE INCORPORATED:	YEARS IN BUSINESS:	<input type="checkbox"/> PROPRIETORSHIP		<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> CORPORATION		<input type="checkbox"/> LLC
	NATURE OF BUSINESS:				FEDERAL TAX ID #				
	GUARANTOR INFORMATION	NAME	TITLE	SS#	HOME PHONE	% OWNED			
ADDRESS									
PREVIOUS ADDRESS (IF LESS THAN TWO YEARS):									
NAME		TITLE	SS#	HOME PHONE	% OWNED				
ADDRESS									
PREVIOUS ADDRESS (IF LESS THAN TWO YEARS):									
BUSINESS BANK INFORMATION		BANK NAME	ACCOUNT #	TELEPHONE	OFFICER	DATE OPENED	<input type="checkbox"/> CK	<input type="checkbox"/> SV	<input type="checkbox"/> CD
TRADE REFERENCES	FIRM NAME	TELEPHONE	FAX	OFFICER	CITY & STATE	HOW LONG?	HIGH CREDIT		
VENDOR EQUIPMENT INFORMATION	VENDOR NAME:								
	ADDRESS:			CITY & STATE:			ZIP CODE:		
	PHONE	FAX	CONTACT	WEBSITE					
	EQUIPMENT TO BE LEASED:				COST (WITHOUT TAXES)				
	<input type="checkbox"/> NEW <input type="checkbox"/> USED (IF USED, YEAR MANUFACTURED)			LEASE TERMS:			MONTHLY PAYMENT:		

By signing below, the undersigned individual as principal of and/or guarantor for the applicant 1). Authorizes American Alliance Funding, its designee, assigns or potential assigns, to review his/her personal credit profile provided by the national credit bureaus in considering this application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. 2). Authorizes all bank and trade information to be released by telephone or fax. 3). Certifies that all information contained herein is true and complete. A facsimile or photocopy of this authorization shall be valid as the original.

X _____
Signature Print

Date

X _____
Signature Print

Date