



AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

I/We hereby authorize Alliance Business Capital Inc., its successors and or assigns as their interest may appear, to obtain any and all information they may require at any time for any purpose related to my/our credit transaction with Alliance Business Capital Inc., or any of its affiliated lenders, or business partners including obtaining my/our personal credit history from a consumer reporting agency, and I/we authorize the release of all such information to Alliance Business Capital, Inc., its successors and or assigns as their interest may appear, or any of its affiliated lenders or business partners. I/We further authorize Alliance Business Capital Inc., to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them.

I/We hereby certify that the enclosed information (plus any attachments or exhibits) is valid and correct to the best of my/our knowledge.

Applicant #1

Applicant #2

_____ Signature	_____ Date
_____ Print Full Legal Name	
_____ Social Security Number	
_____ Street Address	
_____ City, State, Zip	
_____ Date of Birth	

_____ Signature	_____ Date
_____ Print Full Legal Name	
_____ Social Security Number	
_____ Street Address	
_____ City, State, Zip	
_____ Date of Birth	

Notice to applicants: If your application for business credit is denied, you have the right to a written statement of the specific reason for denial. To obtain a statement, please contact *Alliance Business Capital, Inc., 150 Mandalay Road Fort Myers Beach, FL 33931* within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant’s income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning the creditor is: FDIC Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, Missouri 64108

Any further inquiries or questions regarding this Authorization should be directed to:

Alliance Business Capital, Inc.
150 Mandalay Road
Fort Myers Beach, FL 33931



Credit Card Authorization Form

This form gives Alliance Business Capital, Inc. the authorization to charge the credit report fee(s) on the below credit card. Your statement will reflect a charge to Avantus which is our current credit agency.

Cardholder's Name as it appears on the credit card

Billing Phone Number

Cardholder's Billing Address

City

State

Zip Code

Credit Card Information

   

Card Number

_____/_____
Expiration Date

Security Code

Finding the Security Code on your Debit or Credit Card



I hereby certify that I am authorized to use the above credit card and that I am giving Alliance Business Capital, Inc. authorization to charge the credit report fee(s) to this card. This charge is non-refundable.

Signature

Date