



SHORT FORM MERCHANT APPLICATION

Legal Business Name: _____ D/B/A Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____ Email: _____

Business Website: _____ Business EIN #: _____

Est. Total Monthly Sales: \$ _____ Est. Credit Card Sales: \$ _____ Years in Business: _____

Banking Institution for Business Account(s): _____ Has this Bank Acct been open for at least 90 days? Yes No

Time remaining on Site Lease/Mortgage: _____ Business Type: _____

Landlord / Agent Name: _____ Landlord / Agent Phone #: _____

Number of Business Locations: _____ Type of Entity: _____ # of Employees: _____

Loan Amount Requested: \$ _____ Intended Use of Money: _____

Is your Business for Sale? Yes No

Have you ever filed Bankruptcy? Yes No

Do you owe any Federal or State Tax Liens? Yes No

Name of Authorized Signer: _____ Title of Authorized Signer: _____

Principal Owner Information

Are you a U.S. Citizen? Yes No Ownership %: _____ EquiFax Credit Score: _____

Principal Owner Legal Name: _____ Social Security #: _____ D.O.B. _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ How Long at Home Address: _____

Own Rent

Number of years at previous address: _____

BORROWER CERTIFICATION AND AUTHORIZATION

Your signature below indicates you have the authority to act on behalf of your organization. Additionally, you are certifying that all information contained in this Business Loan Application, as well as all subsequent documents submitted to Alliance Business Capital, are accurate to the best of your knowledge. You hereby give Alliance Business Capital authorization to share information gathered in this Business Loan Application, as well as all subsequent documentation supplied to Alliance Business Capital, with our Business / Lending Partners as deemed necessary by Alliance Business Capital. Additionally, your signature below authorizes Alliance Business Capital, and our assigns, to verify any and all information contained in this Business Loan Application as well as all information contained in subsequent documents supplied to Alliance Business Capital.

Borrower Signature

Date

Title



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