



Fax completed & signed application to
201-636-8449 or email to
theresalayerle@alliancebusgroup.com

EQUIPMENT & VEHICLE FINANCING APPLICATION

Applicant Full <u>Legal</u> Company Name						Phone No.	
Address	Number	Street	City	State	Zip	Fax No.	
Email Address						Tax ID No. (Required)	
Organization Type		Non-Profit <input type="checkbox"/>		LLC <input type="checkbox"/>		Nature of Business (Required)	
Which State? _____		Corporation <input type="checkbox"/>		Partnership <input type="checkbox"/>			
Yr of Formation: _____		Sole Proprietorship <input type="checkbox"/>					
Vendor Location (Which Alliance Bus Group Office?)						Salesperson:	
Equipment Information:						Approx. Delivery Date: _____	
New Equipment Purchase <input type="checkbox"/>		Used Equipment Purchase <input type="checkbox"/>		Purpose: Replacement <input type="checkbox"/> Growth <input type="checkbox"/>			
Equipment Description (include model year, if Used)						Equipment Price	
						\$	
						-Less Trade	
						\$	
Number of units in current fleet						-Less Down Payment	
						\$	
Insurance Agent				Phone No.		=Financed Amount	
						\$	
		Type of Financing Desired			Lease/Loan Term		
Loan <input type="checkbox"/>		Lease/Purchase <input type="checkbox"/>		Walk-away Lease <input type="checkbox"/>		TRAC Lease <input type="checkbox"/>	
						36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/> 84	
Credit Information (Complete and sign <u>this section</u> on <u>another application</u> for <u>more</u> than 2 guarantors.)							
Years in Business: _____		No. of Employees: _____		Annual Revenue: \$ _____			
Owner/Guarantor Name (Legal Name)		Date of Birth (MM/DD/YYYY)		Social Security No.		% of Co. Ownership	
Residence Address (Street Name, City, State, Zip)				Circle One: Rent / Own How long?		Residence Phone No.	
Vehicle Finance Reference (Required)		Account #		Contact Name		Tel Number	
Vehicle Finance Reference		Account #		Contact Name		Tel Number	
Bank Reference							
Bank		Banker Name		Bank Acct. No.		Yr Opened	
						Avg Balance	
						\$	
Signatures <small>Equal Credit Opportunity Act, If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact us at Alliance Bus Group 56396 Frank Pichon Rd. Slidell, LA 70458 985-605-1849 within 60 days from the date you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of receiving your request for the statement. NOTICE: The FEEOA prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided 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 this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.</small>							
<small>I certify that the information stated in the application is true and correct. I understand that you will retain this application whether or not it is approved. You and/or entities to whom you refer this application are authorized to check my credit and employment history, obtain insurance information and to answer questions about your credit experience with me. I authorize you and/or entities to whom you refer this application to contact my creditors and authorize any creditor so contacted to release to you such credit information as you may request. I further authorize you/and or entities whom you refer this application to share my information including credit bureau reports and references, with potential purchasers or assignees of transactions that result from this application.</small>							
PLEASE NOTE: If more than one Guarantor is listed above, each Guarantor must sign this application below.							
Applicant's Signature						Date	
Applicant's Signature						Date	

Notice: To help the government fight against the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify and record information that identifies each person (individuals or businesses) who opens an account. What this means for you: When you open an account or add any additional service, we will ask you for your name, address, and taxpayer identification number that will allow us to identify you. We may also ask to see other identifying documents.



Fleet Summary

Customer Name: _____

Date: _____

	<u>Top Five Customers</u>	<u>Annual Revenue \$ / %</u>	<u>Length of Relationship</u>	<u>Contract Term:</u>	<u>Remaining:</u>
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____
5)	_____	_____	_____	_____	_____

<u>Fleet Financing</u>	<u>Buses</u>	<u>Vans</u>	<u>Other</u>
Retail Finance (# units):	_____	_____	_____
Capital Leases (# units):	_____	_____	_____
Operating Leases (# units):	_____	_____	_____
Owned Free & Clear (# units) :	_____	_____	_____
<i>Total Units:</i>	_____	_____	_____
Trade Cycle (# months)	_____	_____	_____
Average Age (year's)	_____	_____	_____

Receivables

Receivables Aging as of: _____ (Provide a copy of recent receivable aging report, consolidation page only)

_____%	_____%	_____%	_____%
\$	\$	\$	\$
0-29 Days	30-59 Days	60-89 Days	> 90 Days



Motor Coach Credit Application Requested Items

2012 Audited Company Financial Statements

OR

2012 Internal Company Financial Statements (income statement & Balance Sheet) **AND** Tax Return

2013 Audited Company Financial Statements

OR

2013 Internal Company Financial Statements (income statement & Balance Sheet) **AND** Tax Return

2014 Interim Company Financial Statements (income statement & Balance Sheet)

3 Months Recent Bank Statements

Trade Payoff Balance (if applicable)

Business Plan and Description of owners' transportation experience (only if start up)

2012 Owner Personal Tax Return (only if company is less than 3 years old)

2013 Owner Personal Tax Return (only if company is less than 3 years old)

* Place check mark next to all items included in financial package

* Please return included applications along with requested financial attachments to the below email or fax.

Theresa Layerle

Retail Finance Manager

theresalayerle@alliancebusgroup.com | Direct: 985-605-1849 | Fax: 985-726-5131 | Cell: 985-630-1018