



Fax completed & signed application to
201-806-2842 or email to
Credit@alliancebusgroup.com

EQUIPMENT & VEHICLE FINANCING APPLICATION

Applicant Full <u>Legal</u> Business Name		Phone No.													
Business Address		Lease or Own?	Fax No.												
Email Address		Tax ID No. (Required)													
Organization Type Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/> Which State? _____ Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Yr of Formation: _____ Sole Proprietorship <input type="checkbox"/>		Nature of Business (Required)													
Vendor Location (Which Alliance Bus Group Office?)		Salesperson:													
Equipment Information: New Used Purpose: Replacement Growth Approx. Delivery Date: _____															
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												
			\$												
<table border="0" style="width:100%"> <tr> <td colspan="2" style="text-align:center">Type of Financing Desired</td> <td colspan="2" style="text-align:center">Lease/Loan Term</td> </tr> <tr> <td>Loan</td> <td>Lease/Purchase</td> <td>FMV/Operating Lease</td> <td>TRAC Lease</td> </tr> <tr> <td></td> <td></td> <td></td> <td>36 48 60 72 84</td> </tr> </table>				Type of Financing Desired		Lease/Loan Term		Loan	Lease/Purchase	FMV/Operating Lease	TRAC Lease				36 48 60 72 84
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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	Residence Phone No.												
		How long? _____													
Finance Reference (Required)	Account #	Contact Name	Tel Number												
2nd Finance Company Reference	Account #	Contact Name	Tel Number												
Bank Reference															
Bank	Banker's Name	Account No.	Year 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> 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.															
PLEASE NOTE: If more than one Guarantor is listed above, each Guarantor must sign this application below.															
Applicant's Signature		Date													
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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.