



Phone: 855-720-3306
E-Mail: clientservices@alliancebusfund.com
Website: www.alliancebusfund.com

Checklist

- Application
- Voided Check
- Photo ID
- 3 Months Credit Card Statements
- 3 Months Bank Statements

Loan Application

Requested Amount of Capital:

Intended Use of Funds:

Business Legal Name

Business DBA Name

Business Physical Address

Business Mailing Address

Business Phone

Business Fax

Federal Tax ID

Est. Annual Income

E-Mail Address:

Website

Business Type

Type of Industry

Corporation

Automotive Sales/Repair

LLC

Construction

Partnership

Health Care & Medical

Sole Proprietor

Retail & Online Retail

Non-profit

Real Estate

Restaurant

Other: _____

Owner #1 Information:

Name Title

Address City

Apt/FI. State Zip Code Home Phone Cell Phone

E-Mail Address

Date of Birth Ownership %:

Owner #2 Information:

Name Title

Address City

Apt/FI. State Zip Code Home Phone Cell Phone

E-Mail Address

Date of Birth Ownership %:

***Please list all other owners on a separate sheet of paper - Name, Address, Phone, Title, SS#, % Ownership, Signature*

References:

Landlord/Mortgage Company (Business) Own / Rent / Lease? (write one)

Contact Name Phone Number

Payment Amount: Lease Expiration: Fax:

Additional Info:

Avg. Monthly Sales

Avg. Monthly Credit Card Sales:

Ever Had a Loan/Cash Advance?

If YES, with who?

Balance on Loan/Cash Advance?

Any Suits, Judgements, or Liens Open or Pending?

If YES, Explain:

Owner #1 Electronic Signature (Type Name)

Date

Owner #2 Electronic Signature (Type Name)

Date

****Complete APPLICATION and download online at www.alliancebusfund.com (under the GET STARTED TAB, click Choose File and upload there). You can also send us the completed application by E-Mail to clientservices@alliancebusfund.com. If you have questions please call us at 855-720-3306.****