



# CREDIT APPLICATION

MOST CREDIT DECISIONS IN 48 TO 72 HOURS

Transactions under \$50,000 and in business ownership over 3 years.

**THIS FORM ONLY!**

Transactions over \$50,000 or in business ownership less than 3 years.

**ADD SUPPLEMENTAL FORM AND 2 YEARS TAX RETURNS.**

## TO ASSURE PROMPT APPROVAL . . . . .

1. Make sure the application is filled out completely, including phone numbers, Social Security numbers, bank account numbers, full addresses, etc.
2. All principals involved in the ownership of the business must sign the authority to release credit information. If there are more than two principals involved, a separate application should be filled out by each principal.
3. The application must be accompanied by an equipment proposal, signed by the applicant(s).
4. Include a brief narrative describing the transaction and the applicant(s) credit history. Include any information that will assist our finance department to understand the customer or the location.

**FAX TO: 1-920-748-4477**

SEND TO: FINANCIAL SERVICES DEPARTMENT, P. O. BOX 990, RIPON, WI 54971

# Alliance Laundry Systems CREDIT APPLICATION

Telephone: 800-223-8408

FAX: 920-748-4477

<b>APPLICANTS BUSINESS</b>	APPLICANT'S EXACT LEGAL NAME _____ DBA _____				BUSINESS TELEPHONE ( )		
	MAILING ADDRESS _____ (City) _____ (State) _____ (Zip Code)				AMOUNT REQUESTED \$		
	LOCATION OF EQUIPMENT (IF DIFFERENT) _____ (City) _____ (State) _____ (Zip Code)				NOTE <input type="checkbox"/> STANDARD <input type="checkbox"/> 90 DAY DEFERRED <input type="checkbox"/> PRIME PLUS <input type="checkbox"/>		
	TYPE OF BUSINESS: <input type="checkbox"/> COIN LAUNDRY <input type="checkbox"/> ON PREMISE LAUNDRY <input type="checkbox"/> OTHER _____		AGE OF BUSINESS _____	YEARS CURRENT OWNERSHIP _____	PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER _____	CORPORATION <input type="checkbox"/> STATE OF INCORPORATION _____	LEASE <input type="checkbox"/> STANDARD <input type="checkbox"/> 90 DAY DEFERRED <input type="checkbox"/> LEASE PURCHASE OPTION: <input type="checkbox"/> \$1 <input type="checkbox"/> 10% OTHER _____
	DISTRIBUTOR NAME AND ADDRESS _____		DISTRIBUTOR CONTACT _____				
			DISTRIBUTOR PHONE NUMBER ( )		COIN <input type="checkbox"/>	ON PREMISE LAUNDRY <input type="checkbox"/>	TERM REQUESTED 12 24 36 48 60 72 84 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>OWNERSHIP</b>	PRINCIPAL'S NAME _____		TITLE _____		% OWNERSHIP _____		SOCIAL SECURITY NO. _____	
	HOME ADDRESS (STREET) _____		(CITY) _____		(STATE) _____		(ZIP) _____	
	YEARS IN BUSINESS _____		HOME PHONE ( )					
	PRINCIPAL'S NAME _____		TITLE _____		% OWNERSHIP _____		SOCIAL SECURITY NO. _____	
	HOME ADDRESS (STREET) _____		(CITY) _____		(STATE) _____		(ZIP) _____	
	YEARS IN BUSINESS _____		HOME PHONE ( )					
EXACT NAME OF OTHER BUSINESS OR COIN LAUNDRIES _____			ADDRESS _____			YRS. OWNED _____	STILL OWN? <input type="checkbox"/>	TELEPHONE ( )
								( )
								( )

<b>BANKS</b>	PRESENT BANK _____	ADDRESS (STREET) _____	(CITY) _____	(STATE) _____	(ZIP) _____	TELEPHONE ( )
	ACCOUNT UNDER NAME OF _____	CHECKING ACCT. NO. _____	SAVINGS ACCT. NO. _____	LOAN NO. _____		OFFICER _____
	PREVIOUS OR SECOND BANK _____	ADDRESS (STREET) _____	(CITY) _____	(STATE) _____	(ZIP) _____	TELEPHONE ( )
	ACCOUNT UNDER NAME OF _____	CHECKING ACCT. NO. _____	SAVINGS ACCT. NO. _____	LOAN NO. _____		OFFICER _____

<b>TRADE</b>	COMPANY _____	ADDRESS _____	CONTACT _____	TELEPHONE _____
	TRADE REFERENCE _____			( )
	TRADE REFERENCE _____			( )
	LANDLORD OR MORTGAGE HOLDER _____			( )

I AUTHORIZE THE RELEASE OF ANY CREDIT OR FINANCIAL INFORMATION TO ALLIANCE LAUNDRY SERVICES OR AGENT.  
 PRINCIPAL(S) **X** **X**

**NOTICE: 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 the Creditor named herein 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 derived from any public assistance program; 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 Federal Trade Commission, ECOA Compliance, Washington, DC 20581.



**Application must be filled out completely and returned to Distributor**

Any questions, please call 1-800-223-8408.