

FINANCING APPLICATION



Please complete and fax to 205-408-8113.

- Required items in **bold italics**.
- For transactions over \$150,000, two years of financial statements and/or tax returns and personal financial statements are required.

CUSTOMER AND BILLING INFORMATION

Company's Legal Name _____ **Phone No.** _____

Fax No. _____ **E-mail Address** _____

Cell No. _____ **D&B#** _____ **Federal Tax ID#** _____

Billing Address _____ **City** _____ **State** _____ **Zip** _____

Physical Address _____ **City** _____ **State** _____ **Zip** _____

Years in Business _____ **No. of Employees** _____ **State of Incorporation** _____

Type of Business _____ S-Corp _____ Non-Profit _____ Sole Proprietor _____ Partnership _____ Corporation _____ Government

Parent Company Name _____ **City** _____ **State** _____ **Zip** _____

How did you hear about ACS (circle one)? Tradeshow / Website / Publication If so, please name _____ Other _____

Would you be interested in learning more information about the Altec Capital Insurance Program? Yes _____ No _____

BANK/LEASE REFERENCES

Name of Bank _____ **Checking Account No.** _____

Phone No. _____ **Contact** _____ **Loan Account No.** _____

Leasing Company _____ **Phone No.** _____ **Account No.** _____

PERSONAL INFORMATION OF PROPRIETOR, PARTNERS OR MAJOR SHAREHOLDERS

Principal Name _____ **Title** _____ **Social Security No.** _____

Home Address _____ **City** _____ **State** _____ **Zip** _____

Principal Name _____ **Title** _____ **Social Security No.** _____

Home Address _____ **City** _____ **State** _____ **Zip** _____

Percent of ownership if more than one principal: Principal 1 _____ Principal 2 _____

AUTHORIZATION FOR DISCLOSURE OF CREDIT INFORMATION (THIS MUST BE SIGNED)

Authorization for Disclosure of Personal Credit Information:

By signing below, the undersigned individual who is either a principal of the credit applicant or personal guarantor of its obligations, provides written instruction to Altec Capital Services, LLC, or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a natural credit bureau. I/We authorize Altec to make credit inquiries in connection with this application.

Signature _____
(Authorized Representative of Credit Applicant)

Signature _____
(Authorized Representative of Credit Applicant)

Name _____ Date _____
(Please Print Name)

Name _____ Date _____
(Please Print Name)

The following authorization(s) shall apply to this transaction and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collection the resulting account. A photostatic or facsimile copy of this authorization shall be valid as the original.

Authorization for Disclosure of Business Credit Information:

Applicant hereby authorizes the release of credit information to Altec Capital Services, LLC or its designee (and any assignee or potential assignee thereof) from any source including credit bureau reporting agencies and applicant's bank. I hereby represent that all of the information contained in this credit application is true, correct and complete.

Signature _____
(Authorized Representative of Credit Applicant)

Name _____ Date _____
(Please Print Name)

"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 is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580. 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, contact us within 60 days from the date you are notified of our decision 33 Inverness Center Parkway, Birmingham, AL 35242. We will send you a written statement of the reasons for the denial within 30 days of receiving your request for the statement."