Alliance
Laundry Systems

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

APPLICANTS BUSINESS

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 ☐ STANDARD ☐ 90 DAY DEFERRED ☐ PRIME PLUS ☐
TYPE OF BUSINESS: ☐ COIN LAUNDRY ☐ ON PREMISE LAUNDRY ☐ OTHER _____	AGE OF BUSINESS / YEARS CURRENT OWNERSHIP	PROPRIETORSHIP ☐ PARTNERSHIP ☐ OTHER _____	CORPORATION ☐ STATE OF INCORPORATION _____	LEASE ☐ STANDARD ☐ 90 DAY DEFERRED ☐ LEASE PURCHASE OPTION: ☐ $1 ☐ 10% OTHER _____
DISTRIBUTOR NAME AND ADDRESS	DISTRIBUTOR CONTACT			TERM REQUESTED
	DISTRIBUTOR PHONE NUMBER ( )	COIN ☐	ON PREMISE LAUNDRY ☐	12 ☐ 24 ☐ 36 ☐ 48 ☐ 60 ☐ 72 ☐ 84 ☐

OWNERSHIP

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?	TELEPHONE ( )
				( )
				( )

BANKS

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

TRADE

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.

Alliance Laundry Systems

Application must be filled out completely and returned to Distributor

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