

## CREDIT APPLICATION

Business Information			
Legal Business Name/DBA		Business Type <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership	
Business Address		City	State Zipcode
County	Business Phone	Tax ID	Years Owned
Business Description		MC/Authority #	DOT #

Owner #1 Information			
Principal's Name		Title	% Ownership
Address		City	State Zipcode
Date of Birth	Social Security #	Mobile Phone	Home Phone
Email		Do You Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent	How Long?

Owner #2 Information			
Principal's Name		Title	% Ownership
Address		City	State Zipcode
Date of Birth	Social Security #	Mobile Phone	Home Phone
Email		Do You Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent	How Long?

Banks			
Bank	Branch	Phone	Contact Name
Account under name of	Checking Acct #	Savings Acct #	Other Acct #

What Brokers Do You Use?		
Company Name	Phone	Contact Name
Company Name	Phone	Contact Name
Company Name	Phone	Contact Name
Company Name	Phone	Contact Name

Applying For
<input type="checkbox"/> Equipment Leasing <input type="checkbox"/> Equipment Financing <input type="checkbox"/> Accounts Receivable Factoring <input type="checkbox"/> Insurance Premium Financing <input type="checkbox"/> Other _____

Everything that I have stated in this application is correct. I understand that Aladdin Capital Inc. will retain this application whether or not it is approved. Aladdin Capital is authorized to check my credit and employment history and to answer questions about the Bank's credit experience with me. I also agree to notify Aladdin Capital immediately in writing of any significant adverse change in my financial condition.

**My signature authorizes all bank and trade references to release relevant information for the purpose of obtaining credit from Aladdin Capital Inc.**

Signature	Date	Signature	Date
Printed Name		Printed Name	