

ALLIANT CAPITAL CORPORATION

4920 ATLANTA HIGHWAY SUITE 117 ALPHARETTA, GEORGIA 30004

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COMMERCIAL CREDIT APPLICATION

COMPANY INFORMATION:						
Company Name:					Federal Tax Id	
Company Address:		City:		State:	Zip:	
Authorized Signer:		Title:		Bus. Phone #:		
Business Structure:		Business Email Address:		Cell Phone #:		
S Corp - Corp - LLC - Sol Prop (Circle One)						
Insurance Agent:		Insurance Email Address:		Insurance Agents Phone #:		
PERSONAL GUARANTOR(S						
Name:	Social Sec			Own/Rent Home:		
Home Address:	City:	State:	%: Zip:	Home Phone #:		
Name:	Social Sec	urity #	Ownership	Own/Rent Home:		
Home Address: City:		State:	l l	Home Phone #:		
BANK REFERENCE: Name of Bank /Branch:						
Checking Acct. #:	Contact Na	Contact Name		Phone #		
EQUIPMENT FINANCE COM	MPANY REFERENC	E				
Name of Equipment Finance Company:		ACCT#		Phone#		
Name of Equipment Finance Company:		ACCT#		Phone #		
AUTHORIZATION:						
By signing below the undersigned indivic Capital Corporation or it's designee(and bank, or financial institution. Such author extension of such credit or additional cred by signature below.	any assignee or potential assization shall extend to obtain	ignee thereof) authorizing revi ning a credit profile in consider	iew of his/her/it's bu	usiness and person and subsequently	nal credit profile from a credit bureau, for the purposes of update, renewal, or	
Signature:		Title:	D	ate:		
By signing below the undersigned indivic Capital Corporation or it's designee(and institution. Such authorization shall exter credit or additional credit and for reviewing below.	any assignee or potential ass d to obtaining a credit profile	ignee thereof) authorizing revi e in considering this application	iew of his/her/ person and subsequently	onal credit profile for the purposes o	from a credit bureau, bank, or financial f update, renewal, or extension of such	

(INDIVIDUAL) Date:___