

## **Chris Pfriem**

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TODAY'S DATE:									
COMPLETE LEGAL NAME OF BUSINESS					SOLE PROPRIETO	R 🗆 LLC			
							PARTNERSHIP	□ NON-PROFIT	
							"S" CORPORATION	I □ "C" CORPORATIO	
TYPE OF BUSINESS				NUMBER	IMBER OF YEARS IN BUSINESS FEDERAL TAX ID NUMBER				
MAILING ADDRESS OF BUSINESS		CITY		1	STATE		ZIP	COUNTY	
WHERE EQUIPMENT WILL BE LOCATED		CITY	Y		STATE Z		ZIP	COUNTY	
PHONE NUMBER		FAX NUMBER			PERSON(S) TO CONTACT				
CELL PHONE NUMBER		EMA	EMAIL		INSURANCE AGENT			PHONE NUMBER	
AUTHORIZING OFFICERS / TITLE	% OWI	NED	SOCIAL SECURITY	но	ME ADDRESS	&	PHONE NUM	  BER	
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TITLE:				-			TELEPHONE:		
	_							_	
TITLE:							TELEPHONE:		
BANK NAME		BUSINESS ACCOUNT			CONTACT		PHONE NUMBER		
EQUIPMENT TO BE FINANCED		I		II.			•		
DEALER / SELLER: CC			ACT NAME:				PHONE NUMBER	PHONE NUMBER:	
TYPE OF EQUIPMENT	APPROXIMATE COST OF EQUIPMENT \$				AGE OF EQ			MODEL YEAR (If Used)	
	<u> </u>	NANCE	TERM IN MONTHS (Check On	e)		RESIDUAL (Check One)			
lease include copy of equipment order, if possible)					□ \$1.00	□ \$1.00 □ 10%			
I authorize Alliance Capital G application.	roup LL	C to			dit investigat	ion	as it applies		
By:Authorizing Officer			- <del></del>	ے. <sub>کی</sub>	Authorizing Officer				
Print Name				_		Print Name			
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