



CREDIT APPLICATION

MOST CREDIT DECISIONS IN 48 TO 72 HOURS

Transactions
under \$100,000
AND
in business
ownership
over 3 years.

THIS FORM ONLY!

Transactions
over \$100,000
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. FOR TRANSACTIONS OVER \$100,000 – Include a brief narrative describing the transaction and the applicant(s) credit history. Include any information that will help our finance department to understand the customer or the location.

FAX TO: 1-920-748-4477

SEND TO: SPEED QUEEN FINANCIAL SERVICES DEPARTMENT, P.O. BOX 990, RIPON, WI 54971

APPLICANTS BUSINESS	APPLICANT'S EXACT LEGAL NAME		EXACT BUSINESS NAME WITH ENTITY (CORP, LLC, ETC.)			BUSINESS TELEPHONE () -	
	MAILING ADDRESS OF BUSINESS		(City)	(State)	(Zip Code)	AMOUNT REQUESTED \$	
	LOCATION OF EQUIPMENT (IF DIFFERENT)		(City)	(State)	(Zip Code)	DOWN PAYMENT (IF APPLICABLE) \$	
	<input type="checkbox"/> STANDARD <input type="checkbox"/> 90 DAY DEFERRED <input type="checkbox"/> PRIME PLUS	TYPE OF BUSINESS: <input type="checkbox"/> COIN LAUNDRY <input type="checkbox"/> ON PREMISE LAUNDRY <input type="checkbox"/> OTHER _____	AGE OF BUSINESS	YEARS CURRENT OWNERSHIP	PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> STATE OF INCORPORATION _____	EXISTING ALLIANCE FINANCE CUSTOMER <input type="checkbox"/>	# OF CURRENT LOANS _____
	DISTRIBUTOR SALESPERSON	DISTRIBUTOR PHONE NUMBER () -	LAUNDRY LOCATION INFORMATION <input type="checkbox"/> Mortgage <input type="checkbox"/> Lease <input type="checkbox"/> Deed			TOTAL EXPOSURE _____	TERM REQUESTED 24 36 48 60 72 84 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

LOCATION INFO	LANDLORD OR MORTGAGE HOLDER	ADDRESS	TELEPHONE () -	BASE LEASE INITIAL TERM	RENEWAL OPTIONS	MONTHLY BASE RENT OR MORTGAGE PYMT

OWNERSHIP	PRINCIPAL'S NAME	TITLE	EMAIL ADDRESS	% OWNERSHIP	SOCIAL SECURITY NO.
	HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)	CELL PHONE () -
	HOME PHONE	() -			
	PRINCIPAL'S NAME	TITLE	EMAIL ADDRESS	% OWNERSHIP	SOCIAL SECURITY NO.
	HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)	CELL PHONE () -
HOME PHONE	() -				
EXACT NAME OF OTHER BUSINESSES	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			() -

Check here if you do NOT want to receive promotional material from Alliance Laundry Systems via email.

I AUTHORIZE THE RELEASE OF ANY CREDIT OR FINANCIAL INFORMATION TO ALLIANCE LAUNDRY SYSTEMS OR AGENT.	APPLICANT #1	APPLICANT #2
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.

Application must be filled out completely and returned to Distributor
Any questions, please call 1-800-223-8408