



Business Loan Application

AUTHORIZATION TO RELEASE INFORMATION

(All Owners of 20% or more must complete the below information)

I/We hereby authorize the release to Alliance Business Capital of any and all information they may require at any time for any purpose related to our credit transaction with them. I/We further authorize Alliance Business Capital to release such information to any entity they deem necessary for any purpose related to our credit transaction with them.

I/We hereby certify that the enclosed information (plus any attachments or exhibits) is valid and correct to the best of my/our knowledge.

1.	Signature: _____	Date: _____
	Print Name: _____	Social Security #: _____
	Home Address: _____	Date of Birth: _____

2.	Signature: _____	Date: _____
	Print Name: _____	Social Security #: _____
	Home Address: _____	Date of Birth: _____

3.	Signature: _____	Date: _____
	Print Name: _____	Social Security #: _____
	Home Address: _____	Date of Birth: _____

4.	Signature: _____	Date: _____
	Print Name: _____	Social Security #: _____
	Home Address: _____	Date of Birth: _____

Please contact info@alliancebusinesscapital.com with any questions about this form.