



## 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:	<hr/>		Date:	<hr/>	
Print Name:	<hr/>		Social Security #:	<hr/>	
Home Address:	<hr/> <hr/>		Date of Birth:	<hr/>	
2. Signature:	<hr/>		Date:	<hr/>	
Print Name:	<hr/>		Social Security #:	<hr/>	
Home Address:	<hr/> <hr/>		Date of Birth:	<hr/>	
3. Signature:	<hr/>		Date:	<hr/>	
Print Name:	<hr/>		Social Security #:	<hr/>	
Home Address:	<hr/> <hr/>		Date of Birth:	<hr/>	
4. Signature:	<hr/>		Date:	<hr/>	
Print Name:	<hr/>		Social Security #:	<hr/>	
Home Address:	<hr/> <hr/>		Date of Birth:	<hr/>	

Please contact [info@alliancebusinesscapital.com](mailto:info@alliancebusinesscapital.com) with any questions about this form.