

# ALL-SERVICE FUNDING CORP.

PO BOX 104, DEER PARK, N.Y. 11729

PHONE: (631) 586-1020

FAX:(631) 586-1030

**APPLICANT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_  
CONTACT: \_\_\_\_\_

YEARS IN BUSINESS: \_\_\_\_\_ CORPORATION: \_\_\_\_\_

**SELLER:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_  
CONTACT: \_\_\_\_\_

PARTENERSHIP: \_\_\_\_\_ PROPRIETORSHIP: \_\_\_\_\_

**REFERENCES**

**BANK:**  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CONTACT: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
ACCT NUMBER: \_\_\_\_\_

**ACCOUNTANT:**  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CONTACT: \_\_\_\_\_  
PHONE: \_\_\_\_\_

**FINANCE/LEASE COMPANY:**

NAME: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
COLLATERAL: \_\_\_\_\_

NAME: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
COLLATERAL: \_\_\_\_\_

**TRADES/SUPPLIERS:**

NAME:	CONTACT:	PHONE NUMBER:
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____

**CUSTOMERS REFERENCES:**

NAME:	CONTACT:	PHONE NUMBER:
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____

**PRINCIPALS (INCLUDE HOME ADDRESS AND SOCIAL SECURITY NUMBER)**

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
SS#: \_\_\_\_\_

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
SS#: \_\_\_\_\_

**COLLATERAL DESCRIPTION:**

(PLEASE ATTACH A COPY OF YOUR PURCHASE ORDER OR VENDOR QUOTATION FORM)

	SELLING PRICE
_____	ITEM 1 \$ _____
_____	ITEM 2 \$ _____
_____	ITEM 3 \$ _____
_____	ITEM 4 \$ _____
	TOTAL \$ _____

I HEREBY AUTHORIZE ALL-SERVICE FUNDING CORP. TO INVESTIGAGE THE INFORMATION SUPPLIED HEREIN. I ALSO AUTHORIZE MY BANK AND OTHER FINANCIAL INSTITUTIONS AND SUPPLIERS OF CREDIT AS LISTED HEREIN TO SHARE WITH ALL-SERVICE FUNDING CORP. THEIR EXPERIENCE.

BY: \_\_\_\_\_

DATE: \_\_\_\_\_