



AUTOLINE CAPITAL CORP.
Serving the Livery Industry Since 1981

288 Grand Street • Croton On Hudson, NY 10520

TEL: 914.271.6143 • FAX: 914.271.6213
E-MAIL: lawrencelimo@optimum.net

Take The Stress Out Of Financing. Let Us Show You How.

BUSINESS INFORMATION

Legal Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Business Phone #: _____ Mobile Phone #: _____ Fax #: _____
Equipment Location: _____ E-mail: _____
Have you ever declared personal or business bankruptcy? Yes No Is so, when? (Date) _____
In Business Since: _____ Federal I.D. #: _____ Business Structure: Corp. LLC Partnership Proprietor

BANK REFERENCE

Name of Bank: _____ Accounts Open Since: _____ Bank Officer: _____
Telephone #: _____ Checking Account #: _____ Loan #: _____
Previous/Other Bank: _____ Accounts Open Since: _____ Bank Officer: _____
Telephone #: _____ Checking Account #: _____ Loan #: _____

FINANCE REFERENCES (INSTALLMENT DEBT/LEASES)

Firm Name	Contact Name	Telephone Number	Account Open Since
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMPANY PRINCIPAL/GUARANTOR INFORMATION

If you intend to apply for joint credit (including as a guarantor), please initial here:
Principal/Guarantor: _____ Principal/Guarantor: _____
Name: _____ Citizenship USA Other: _____ Title: _____ % Owned: _____
Address: _____ City: _____ State: _____ Zip: _____
Social Security #: _____ Phone #: _____ Date of Birth: _____
Name: _____ Citizenship USA Other: _____ Title: _____ % Owned: _____
Address: _____ City: _____ State: _____ Zip: _____
Social Security #: _____ Phone #: _____ Date of Birth: _____

INSURANCE AGENT INFORMATION

Name: _____
Phone #: _____ Fax #: _____
Contact: _____ Policy#: _____
State your Liability Coverage: _____

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instructions to Autoline Capital Corp. or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostate or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

X _____ **X** _____
APPLICANT SIGNATURE **DATE** **APPLICANT SIGNATURE** **DATE**