

Alliance Business Lending, LLC

Company Name: _____ Date: _____

Contact Name: _____ Contact Phone #: _____

City/State: _____ Credit Limit Needs: \$ _____

Description of the Company: _____

Please submit the following via fax to 513/429-5510, attention Steve Kieffner or courier to 1095 Nimitzview Drive, Cincinnati, OH 45230. If you have any questions please feel free to contact us.

- 1) Last Two Fiscal Year End Financial Statements (Balance Sheet & Income Statement)
- 2) Current Year's Interim Financial Statements (Balance Sheet & Income Statement)
- 3) Summary page of the Accounts Receivable Aging for the most recent month end or enter below by invoice date:

Total	Current	31-60 Days	61-90 Days	Over 90 Days
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

- 4) List of Top Ten Debtors Aged for the most recent month end or enter below by invoice date:

Name	Total	Current	31-60 Days	61-90 Days	Over 90 Days
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

Standard terms of sale _____