

900 Fourth Street, Suite 200, San Rafael, CA 94901
Fax: 415-257-4201; Phone: 415-257-4200
www.allegiant-partners.com

**AFTER COMPLETION, PLEASE FEDEX
this form with requested attachments**

BUSINESS:

BROKER (EXACT LEGAL NAME)		DBA			
STREET ADDRESS		CITY	STATE	ZIP	TELEPHONE NO.
TERRITORY & SPECIALTIES					FAX NO.
DEAL SIZE RANGE:			TYPICAL DEAL SIZE:		
CONTACT NAME	CELL PHONE	YEARS IN BUSINESS	YEARS UNDER CURRENT OWNER	FEDERAL TAX ID NO. (IF ANY)	
<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED LIABILITY CO.	STATE OF INCORPORATION	
WEB SITE ADDRESS		EMAIL ADDRESS		RESALE CERTIFICATE NO.	

OWNERSHIP: *(Please attach a resume or work history plus a Personal Financial Statement for each owner or principal.)*

PRINCIPAL #1 NAME	TITLE	% OWNERSHIP	YRS OF INDUSTRY EXPERIENCE	SOCIAL SECURITY NO.	
STREET ADDRESS		CITY	STATE	ZIP	HOME TELEPHONE NO. ()
HAVE YOU EVER FILED BANKRUPTCY?	DO YOU HAVE OUTSTANDING TAX LIENS?	HAVE YOU BEEN CONVICTED OF A FELONY?	ARE YOU CURRENTLY NAMED IN ANY LITIGATION?		

PRINCIPAL #2 NAME	TITLE	% OWNERSHIP	YRS OF INDUSTRY EXPERIENCE	SOCIAL SECURITY NO.	
STREET ADDRESS		CITY	STATE	ZIP	HOME TELEPHONE NO. ()
HAVE YOU EVER FILED BANKRUPTCY?	DO YOU HAVE OUTSTANDING TAX LIENS?	HAVE YOU BEEN CONVICTED OF A FELONY?	ARE YOU CURRENTLY NAMED IN ANY LITIGATION?		

PRINCIPAL #3 NAME	TITLE	% OWNERSHIP	YRS OF INDUSTRY EXPERIENCE	SOCIAL SECURITY NO.	
STREET ADDRESS		CITY	STATE	ZIP	HOME TELEPHONE NO. ()
HAVE YOU EVER FILED BANKRUPTCY?	DO YOU HAVE OUTSTANDING TAX LIENS?	HAVE YOU BEEN CONVICTED OF A FELONY?	ARE YOU CURRENTLY NAMED IN ANY LITIGATION?		

BANK #1:

BANK NAME	CONTACT NAME	CITY	CURRENT CHECKING BALANCE	TELEPHONE NO. ()
ACCOUNT UNDER NAME OF	CHECKING ACCOUNT NO.	SAVINGS ACCOUNT NO.	LOAN NO.	

BANK #2:

BANK NAME	CONTACT NAME	CITY	CURRENT CHECKING BALANCE	TELEPHONE NO. ()
ACCOUNT UNDER NAME OF	CHECKING ACCOUNT NO.	SAVINGS ACCOUNT NO.	LOAN NO.	

FUNDING SOURCE REFERENCES: *(Please list all past and present funding sources.)*

COMPANY	RELATIONSHIP SINCE	LAST FUNDING DATE	CONTACT	PHONE & FAX
				()
				()
				()

TRANSACTION INFORMATION: *(Please provide information on the type of business you do.)*

Equipment Types: _____

Lessee Industries: _____

Transaction Dollar Range: _____

QUESTIONS:

1. Has a Broker and/or any principal of broker or any company affiliated to broker ever been dropped by a funding source? _____ If so please explain:

2. Has Broker and/or any owner of Broker or any company affiliated with Broker ever filed for bankruptcy, been convicted of a felony or is the subject of a pending law suit? _____ If so please explain:

3. Who referred you to Allegiant?

Please list the key employees in your firm and their functions:

Name: _____ **Functions:** _____

Name: _____ **Functions:** _____

Name: _____ **Functions:** _____

AFFILIATES: *(Please list information for each past or present company affiliated with Broker through common ownership or otherwise.)*

LEGAL NAME:				
STREET ADDRESS		CITY	STATE ZIP	TELEPHONE NO.()
FAX NO. ()		WEBSITE:		YEARS IN BUSINESS:
PARTNERSHIP NAME OF OWNER(S) AND%		PROPRIETORSHIP <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	CORPORATION <input type="checkbox"/>
STATE OF INCORPORATION (if applicable)	FED TAX ID#	NATURE OF BUSINESS:		

LEGAL NAME:				
STREET ADDRESS		CITY	STATE ZIP	TELEPHONE NO.()
FAX NO. ()		WEBSITE:		YEARS IN BUSINESS:
PARTNERSHIP NAME OF OWNER(S) AND%		PROPRIETORSHIP <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	CORPORATION <input type="checkbox"/>
STATE OF INCORPORATION (if applicable)	FED TAX ID#	NATURE OF BUSINESS:		

SIGNATURES

I/we represent that the above information is true and correct. This information is provided for the purpose of inducing Allegiant Partners Inc. to enter into and/or continue in a broker/lessor relationship with Broker subject to a Broker Agreement. I/we authorize you to investigate our business and personal banking, credit and business relationships for this purpose.

PLEASE PRINT BROKER'S LEGAL NAME

Signature of Owner/Principal:

Signature of Owner/Principal:

Print Name

Print Name

Title

Date

Title

Date

Signature of Owner/Principal:

Print Name

Title

Date

Broker Instructions & Attachments:

Please attach the following to this Broker Application before submitting it to Allegiant:

1. Broker's owners' resumes or work histories.
2. Copies of Broker's and affiliates business licenses and articles of incorporation/organization (if any).
3. Copies of Broker's recent credit bureau report.
4. Enlarged copies of Broker's principals drivers licenses.
5. Any information on the performance of transactions originated by Broker.

If Broker has been in business less than five years additional information may be required.