



Alpha Funding Partners

COMMERCIAL LOAN APPLICATION

APPLICANTS/GUARANTORS

Name:	Name:
Business/Home Address:	Business/Home Address:
Business/Home Telephone:	Business/Home Telephone:
Cell Number:	Cell Number:
Date of Birth:	Date of Birth:
Email:	Email:

I, the undersigned, hereby authorize Alpha Funding Partners, LLC, and/or its assigns, to verify all information with regard to, but not limited to credit history, employment history, warehouse line of credit accounts, bank accounts, any accounts payable, investor relationships and all other information deemed necessary in connection with my application for approval. I authorize the release of loan balances, ratings or any other pertinent information requested by Alpha Funding Solutions. I authorize Alpha Funding Partners, LLC, and/or its assigns to reproduce this authorization as needed to obtain complete information. A copy of this instrument bearing my signature carries the same authority as the original. I/we hold your company, officers and employees harmless for furnishing true and correct information.

I/we fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1014.

Applicant/Guarantor SSN:	Applicant/Guarantor SSN:
Applicant/Guarantor Signature:	Applicant/Guarantor Signature:
Date:	Date: