

AUTOLINE CAPITAL CORP.

**Nationwide Funding for Vehicles & Equipment
New and Used**

288 Grand Street
Croton on Hudson, NY 10520
Office: (914) 271-6143
Fax: (914) 271-6213
E-mail: lawrencelimo@optimum.net

SECTION A APPLICANT INFORMATION

Please type or print clearly

Complete Legal Name _____
 Street Address _____ City _____ State _____ Zip _____
 Mailing Address _____ City _____ State _____ Zip _____
 Phone # _____ Fax # _____ Cell # _____
 E-mail Address _____ Company Website _____ County _____
 Date Present Business Started _____ No. of Employees _____ Principle Business Activity _____

Type of Business
(Check One)

_____ Corporation – Date of Incorporation _____		_____ Partnership	_____ General	_____ Sole Proprietorship
State of Incorporation _____		Federal Tax ID # _____	In "Good Standing"? _____	

Management or Owners of the Business:	Social Security # / Birth Date	Title	Ownership
1. _____ Address _____ Home Phone #: _____	_____/_____ City _____ Cell #: _____	_____ State _____	_____ Zip _____ %
2. _____ Address _____ Home Phone #: _____	_____/_____ City _____ Cell #: _____	_____ State _____	_____ Zip _____ %

SECTION B CREDIT INFORMATION

REFERENCES – List full Name and Address of Major Suppliers, Banks AND Insurance Agent Information:

1. NAME: _____
 Phone #: _____ Fax #: _____
 Contact: _____ Acct#: _____

4. NAME: _____
 Phone #: _____ Fax #: _____
 Contact: _____ Acct#: _____

2. NAME: _____
 Phone #: _____ Fax #: _____
 Contact: _____ Acct#: _____

<p>***INSURANCE AGENT INFORMATION: NAME: _____ Phone #: _____ Fax #: _____ Contact: _____ Policy #: _____ State your Liability Coverage: _____</p>

3. NAME: _____
 Phone #: _____ Fax #: _____
 Contact: _____ Acct#: _____

1. BANK: _____
 Phone #: _____ Fax #: _____
 Contact: _____ Acct#: _____

Checking Account #: _____
 Loan #: _____
 Loan Balance \$ _____

2. BANK: _____
 Phone #: _____ Fax #: _____
 Contact: _____ Acct#: _____

Checking Account #: _____
 Loan #: _____
 Loan Balance \$ _____

SECTION C SIGNATURES

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to GPD Capital Services, Inc. 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 Photostat 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 _____
 Applicant Signature Date

X _____
 Applicant Signature Date