



CREDIT APPLICATION

APPLICANTS BUSINESS	APPLICANT'S EXACT LEGAL NAME _____ DBA _____				BUSINESS TELEPHONE ()		
	MAILING ADDRESS _____ (City) _____ (State) _____ (Zip Code)				AMOUNT REQUESTED		
	LOCATION OF EQUIPMENT (IF DIFFERENT) _____ (City) _____ (State) _____ (Zip Code)				NOTE <input type="checkbox"/> LEASE <input type="checkbox"/>		
	TYPE OF BUSINESS: <input type="checkbox"/> COIN LAUNDRY <input type="checkbox"/> ON PREMISE LAUNDRY <input type="checkbox"/> OTHER _____		AGE OF BUSINESS _____	YEARS CURRENT OWNERSHIP _____	PROPRIETORSHIP PARTNERSHIP <input type="checkbox"/> OTHER _____	CORPORATION <input type="checkbox"/> STATE OF INCORPORATION _____	STANDARD <input type="checkbox"/> 90 DAY DEFERRED <input type="checkbox"/>
	DISTRIBUTOR NAME AND ADDRESS _____		DISTRIBUTOR CONTACT _____				LEASE PURCHASE OPTION: <input type="checkbox"/> \$1 <input type="checkbox"/> 10% PRIME PLUS <input type="checkbox"/>
			DISTRIBUTOR PHONE NUMBER ()		COIN <input type="checkbox"/>	ON PREMISE LAUNDRY <input type="checkbox"/>	OTHER _____

OWNERSHIP	PRINCIPAL'S NAME _____		TITLE _____	% OWNERSHIP _____	SOCIAL SECURITY NO. _____	
	HOME ADDRESS (STREET) _____		(CITY) _____	(STATE) _____	(ZIP) _____	YEARS IN BUSINESS _____
	PRINCIPAL'S NAME _____		TITLE _____	% OWNERSHIP _____	SOCIAL SECURITY NO. _____	
	HOME ADDRESS (STREET) _____		(CITY) _____	(STATE) _____	(ZIP) _____	YEARS IN BUSINESS _____
	EXACT NAME OF OTHER BUSINESS OR COIN LAUNDRIES _____		ADDRESS _____		YRS. OWNED _____	STILL OWN? _____
						TELEPHONE ()

BANKS	PRESENT BANK _____	ADDRESS (STREET) _____	(CITY) _____	(STATE) _____	(ZIP) _____	TELEPHONE ()
	ACCOUNT UNDER NAME OF _____	CHECKING ACCT. NO. _____	SAVINGS ACCT. NO. _____	LOAN NO. _____		OFFICER _____
	PREVIOUS OR SECOND BANK _____	ADDRESS (STREET) _____	(CITY) _____	(STATE) _____	(ZIP) _____	TELEPHONE ()
	ACCOUNT UNDER NAME OF _____	CHECKING ACCT. NO. _____	SAVINGS ACCT. NO. _____	LOAN NO. _____		OFFICER _____

TRADE	COMPANY _____	ADDRESS _____	CONTACT _____	TELEPHONE _____
	TRADE REFERENCE _____			()
	TRADE REFERENCE _____			()
LANDLORD OR MORTGAGE HOLDER _____				()

I AUTHORIZE THE RELEASE OF ANY CREDIT OR FINANCIAL INFORMATION TO ALLIANCE LAUNDRY SERVICES OR AGENT.
 PRINCIPAL(S) **X** **X**

NOTICE: If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the Creditor named herein within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.
 The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derived from any public assistance program; because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is Federal Trade Commission, ECOA Compliance, Washington, DC 20581.

Complete and sign the Credit Application and return it to:
Minnesota Chemical Company
13250 Shenandoah Drive
Menomonee Falls, WI 53051-6108
Call: 262-781-8630 Fax: 262-781-2490

