

Commercial Financing Solutions

Allyance Funding Group LLC delivers tailored advisory and capital solutions to empower business growth. Please review our pre-approval programs and submit the application on the following page.

SOME OF THE PROGRAMS WE CAN GET YOU PREAPPROVED FOR INCLUDE:

☒ SBA and Term Loans	☒ Equipment Financing
☒ Lines of Credit	☒ Working Capital
☒ Commercial Real Estate	☒ Business Tax Credits

Application Instructions

1. Complete all sections of the Business & Financial Information form on Page 2.
2. Provide full details for all owners/officers holding 20% or more ownership.
3. Review and execute the Advisory Agreement on Pages 3 and 4.
4. Submit the completed document along with your last 4 months of business bank statements.

1. BUSINESS INFORMATION

LEGAL NAME	DBA (DOING BUSINESS AS)
PHYSICAL LOCATION ADDRESS	CITY / STATE / ZIP CODE
PREFERRED CONTACT PHONE #	CELL PHONE # / FAX #
FEDERAL TAX ID # (EIN)	STATE OF INCORPORATION / BUSINESS START DATE
EMAIL ADDRESS	WEBSITE ADDRESS
INDUSTRY / TYPE OF BUSINESS	

2. FINANCIAL INFORMATION & ENTITY TYPE

GROSS ANNUAL REVENUE	MONTHLY BANK DEPOSIT VOLUME	FUNDING AMOUNT REQUESTED
AVG MONTHLY CREDIT CARD SALES	AVERAGE DAILY BANK BALANCE	USE OF FUNDS
TYPE OF BUSINESS ENTITY ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietor		APPROXIMATE CREDIT SCORE ☐ 400-500 ☐ 500-600 ☐ 600-700 ☐ 700+
PROPERTY TYPE ☐ Rent ☐ Own / Mortgage	LEASE / MORTGAGE MONTHLY PAYMENT (\$)	SEASONAL BUSINESS? ☐ YES ☐ NO
LANDLORD NAME / MORTGAGE COMPANY	CONTACT PERSON	LANDLORD PHONE #

3. EXISTING DEBT / OUTSTANDING LOANS

DO YOU HAVE OUTSTANDING LOANS? ☐ YES ☐ NO	LENDER NAME	CURRENT BALANCE (\$)	DAILY / MONTHLY PAYMENT (\$)
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4. OWNERSHIP / OFFICER INFORMATION

OWNER 1 FIRST NAME	OWNER 1 LAST NAME	OWNERSHIP %	DATE OF BIRTH
SSN #	HOME STREET ADDRESS, CITY, STATE, ZIP		CELL PHONE #
OWNER 2 FIRST NAME	OWNER 2 LAST NAME	OWNERSHIP %	DATE OF BIRTH
SSN #	HOME STREET ADDRESS, CITY, STATE, ZIP		CELL PHONE #

333 Glen Head Road, Suite 155, Old Brookville, NY 11545

CONSULTING & ADVISORY SERVICES AGREEMENT

THIS AGREEMENT, made this ____ day of _____, 20____, by and between **Allyance Funding Group LLC** (hereinafter the "Advisor"), located at 333 Glen Head Road, Suite 155, Old Brookville, NY 11545; and _____ (hereinafter the "Client"), whose main business address is _____.

WHEREAS, The Advisor is hereby engaged for the purposes of providing global small business consulting services to Client, including but not limited to: Business Structure evaluation, Business Valuation, Performance Tracking, Tailored Growth Consultations, Tax Planning Tune-Up, Strategic Planning Support focusing on Systems + Processes, Personalized Coaching Sessions, Credit Check-Up and Credit Builder Program, Debt Diagnosis, Foundational Facilitation for Prospective Financing (including exploration of avenues for capital introduction to fuel business' growth ambitions), Periodic Growth Assessments, as well as Expansion Strategies with Succession Planning.

In the event liquidity for working capital is immediately sought, the Advisor will arrange financing or cause financing to be provided to the client, via a third-party Lender. It is understood the Client will defer the cost of these consulting services until post-closing. The Advisor is amenable to this postponed compensation. While procuring this financing, it may be required to procure the services of a third-party professional (CPA, bookkeeper, et al) at the approval and expenses of Client, that Advisor may procure for the purposes of providing consultancy.

NOW, THEREFORE IT IS AGREED AS FOLLOWS:

1. The Client retains the services of the Advisor and appoints the Advisor to act as the Client's Agent in all negotiations with potential Third-Party vendors and Lenders introduced to the Client by the Advisor.
2. The Client agrees to pay the Advisor a consultancy fee of five percent (5%) of the procured loan amount. In the event the financing procured is a Line of Credit, or the like, the compensation shall be five percent (5%) of the gross credit line. The parties agree the deferred consultancy fee shall be paid upon closing of the requisite funding or Line of Credit being obtained. The consultancy fee will be made payable to Allyance Funding Group LLC within three business days of financing.

IT IS UNDERSTOOD AND AGREED:

The Advisor will have earned this consultancy fee at the time the service is rendered, and benefit rendered to the Client. The client agrees to defend the Advisor against any claim(s) made by any third-party service provider(s), not affiliated with the Advisor, for any part of the consultancy fee earned by the Advisor as it relates to this transaction. Client gives the Advisor and any potential lender the right to perform all investigations necessary to evaluate the Client's credit worthiness.

The Client represents that all information submitted to the Advisor is substantially true and accurate. However, should it be determined that the information provided is materially false, the consultancy fee delineated above shall become immediately due and payable.

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Client agrees that neither he/she nor any of their associated entities or agents will enter into any transaction(s) with any third-party, introduced by the Advisor to the Client, for a period of twelve (12) months from the date of said introduction or closing, whichever occurs last, without recognizing Allyance Funding Group LLC as the Advisor of record and as such entitled to a related referral fee.

Unless re-negotiated, via a new Agreement, the fees set forward in this Agreement shall apply.

The Client agrees to reimburse the Advisor for all reasonable costs incurred by the Advisor, in effectuating collection of said consultancy fee and/or fees, including but not limited to, legal and court costs. Client will be responsible for said costs only if a court or arbiter finds the Client culpable.

Facsimile and electronic signatures will be deemed acceptable, as original, by all parties of this Agreement.

\$ WIRE & ELECTRONIC PAYMENT INSTRUCTIONS

Bank Name:	Bank of America	Payable To:	Allyance Funding Group LLC
ABA / Routing #:	021000322	Account #:	4831 1280 2179

IN WITNESS WHEREOF, THE PARTIES HERETO HAVE EXECUTED THIS AGREEMENT:

ADVISOR: Allyance Funding Group LLC

CLIENT:

AUTHORIZED SIGNATURE

CLIENT SIGNATURE

NAME & TITLE

PRINT NAME & TITLE

DATE

DATE