Alliance Business Capital, Inc.

Contractor Information Form

Business Information			
Legal Business Name:	_____		
DBA:	_____		
Business Street Adress:	_____		
City, State, Zip:	_____	_____	_____
Phone:	_____		
Corporate Contact Name:	_____		
Email:	_____		
Website:	_____		
Date Established:	_____		
Tax ID / EIN:	_____		

Principals / Ownership		
Name	**Title**	**Ownership %**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Licensing & Compliance	*(Complete if applicable in your state)*
State Licensing Type:	_____
License Number:	_____
Expiration Date:	_____

Preferred Payment Method	
Bank Name:	_____
Name on Account:	_____
ACH Deposit Routing Number:	_____
Account Number:	_____
Account Number:	☐ **Checking** ☐ **Savings**

Required Attachments - Please include the following with your submission:

- ✓ Completed **W-9**
- ✓ Clear copy of **Government-issued ID**
- ✓ **EIN Confirmation Letter** from IRS
- ✓ Business license (if required by state law)

Attestation & Acknowledgment

I/We certify that the information provided in this Contractor Information Form is true and correct to the best of my/our knowledge. I/We understand that Alliance Business Capital requires accurate and complete information for onboarding and compliance purposes. I/We agree to follow Alliance's submission standards, communication protocols, and confidentiality requirements as outlined in the Partner Agreement Packet.

Signature

Signature _____ **Date** _____

Print Name _____ **Title** _____