

## **CLIENT APPLICATION - Financing**

### **GENERAL**

Company Name \_\_\_\_\_ Date Established \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Company is a 1) Corporation, 2) Partnership, 3) Proprietorship \_\_\_\_\_ Tax I.D. No. \_\_\_\_\_

Annual Sales Volume \_\_\_\_\_ Number of Employees \_\_\_\_\_ Terms of Sale \_\_\_\_\_

Type of Business (Manufacturing, Distribution, Publishing, etc.) \_\_\_\_\_

Types of Clients (Manufacturers, Distributors, Retailers, etc.) \_\_\_\_\_ Approx. No. of Clients \_\_\_\_\_

How did you hear about Applied Capital? \_\_\_\_\_

### **COMPANY PRINCIPALS** (Require, as minimum, President and Secretary for corporation)

Name \_\_\_\_\_ Title \_\_\_\_\_ Social Security No. \_\_\_\_\_ Drivers Lic.#/State \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Social Security No. \_\_\_\_\_ Drivers Lic.#/State \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Social Security No. \_\_\_\_\_ Drivers Lic.#/State \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Social Security No. \_\_\_\_\_ Drivers Lic.#/State \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone No. \_\_\_\_\_

**BANK AND SECURITY INFORMATION** (2 year history)

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Name of Bank/Branch	Ckg. Acct. No. Loan Acct. No.	City/State	Phone	Contract Officer
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Outstanding Loan Balance: \_\_\_\_\_ Lender Name: \_\_\_\_\_ Collateral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are your accounts receivables pledged as collateral? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Does the company have any judgments or liens filed against it? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Is the company involved in any pending lawsuits, as a plaintiff or defendant? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Indicate approximate annual dollar amount of bad debt write-off: \_\_\_\_\_

Are any of your taxes overdue? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please complete: Federal: \_\_\_\_\_ State: \_\_\_\_\_ Local: \_\_\_\_\_ Amount: \_\_\_\_\_

**TRADE REFERENCES** (2 year history)

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Supplier Name	Address	City/State/Zip	Phone	Contact
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Supplier Name	Address	City/State/Zip	Phone	Contact
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Supplier Name	Address	City/State/Zip	Phone	Contact
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**TRADE REFERENCES (Con't)**

Are you presently leasing your space? \_\_\_\_\_ If so, amount of monthly rent: \_\_\_\_\_

Name of Landlord/Management Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Period of Lease: \_\_\_\_\_

**BUSINESS SUPPORT**

Name of Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Accountant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**SALES AND RECEIVABLES**

Total Accounts Receivables: \_\_\_\_\_ Average Invoice Size: \_\_\_\_\_

Selling Terms: \_\_\_\_\_ Average Monthly Sales: \_\_\_\_\_

Projected Sales (next 12 months): \_\_\_\_\_

Please list your largest clients, their average monthly receivables, address and phone:

Company	Address	Phone	Avg. Mo'ly Receivables
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Estimate of annual and monthly financing requirements: Annual: \_\_\_\_\_ Monthly: \_\_\_\_\_

Purpose of the funds generated from financing: \_\_\_\_\_

If factoring is anticipated, estimate of transaction frequency: \_\_\_\_\_

Have you ever factored your receivables? \_\_\_\_\_ If yes, with what company? \_\_\_\_\_

## **AUTHORIZATION**

I/We hereby authorize you, to whom this application is made, or your agents, to investigate my/our financial responsibility and creditworthiness and will provide financial statements, tax returns, etc., as you deem necessary. I/We grant the right to procure any and all credit and background reports pertaining to any party to this application.

\_\_\_\_\_  
(Sign)

\_\_\_\_\_  
Title

\_\_\_\_\_  
(Print Name)

## **DOCUMENTATION**

Please submit the following documents with this application:

- \_\_\_\_\_ Copy of driver's license for all principals.
- \_\_\_\_\_ Accounts Receivable Aging (by invoice date)
- \_\_\_\_\_ Current Balance Sheet
- \_\_\_\_\_ Current Year Profit and Loss Statement (by month)
- \_\_\_\_\_ Past Year's Profit and Loss Statement
- \_\_\_\_\_ 3 Months Bank Statements
- \_\_\_\_\_ Customer List with Customer Names, Addresses and Phone Numbers
- \_\_\_\_\_ Copies of Invoices You Wish to Finance (include Contact Name with customer, Address, Phone Number, Fax Number)
- \_\_\_\_\_ Articles of Incorporation and Certificate of "Corporation in Good Standing" (Corporations Only)
- \_\_\_\_\_ Articles of Organization, Operating Agreement and Certificate of "Organization in Good Standing" (LLC's only)
- \_\_\_\_\_ Proof of Federal Tax ID number (such as tax coupon)
- \_\_\_\_\_ Current Accounts Payable Aging
- \_\_\_\_\_ Names and SSN's of Principals executing Personal Guaranty
- \_\_\_\_\_ Financial Statements of Principals executing Personal Guaranty