

BUSINESS FINANCING APPLICATION

Amount Requested \$ _____ Minimum Amount Needed \$ _____

Describe the Type of Loan, Reason for your Loan and Use of Funds Requested - (Be specific)

GENERAL BUSINESS INFORMATION

Legal Business Name _____

DBA _____

State Tax ID Number _____

Federal Tax ID Number _____

Contact # _____

Street _____

City _____ State _____ Zip _____

Any Open or Old Tax Lien(s) \$ _____

Total Assets \$ _____ Total Liabilities \$ _____

Net Worth \$ _____

Nature of Business / Company Type _____

Website _____

Business Inception Date MM/DD/YYYY ____/____/____ No. of Employees ____ Dunn &

Bradstreet # _____ Revenues Gross: 2013 \$ _____ 2014 \$ _____

2015 \$ _____ (thru _____/month)

Net: 2013 \$ _____ 2014 \$ _____ YTD 2015 \$ _____ (thru _____/month)

Sole Proprietorship ____, Partnership ____, C-Corp ____, Sub-S Corp ____, LLC Corp ____, Other _____

APPLICANT INFORMATION

First Name _____ Last Name _____

Company Title _____

Home & Cell Phone _____ Email Address _____

Home Address _____

City _____ State _____ Zip _____

Social Security Number _____ - _____ - _____ Date of Birth _____ - _____ - _____

% Ownership _____

Total Household Income (yearly) \$ _____ Total Assets \$ _____

Total Liabilities \$ _____

Married _____ Single _____ Separated _____ Divorced _____

CO-APPLICANT INFORMATION

First Name _____ Last Name _____

Company Title _____

Home & Cell Phone _____ Email Address _____

Home Address _____
City _____ State _____ Zip _____
Social Security Number _____ - _____ - _____ Date of Birth _____ - _____ - _____
% Ownership _____
Total Household Income (yearly) \$ _____ Total Assets \$ _____
Total Liabilities \$ _____
Married _____ Single _____ Separated _____ Divorced _____

BANKING AND ACCOUNT INFORMATION

#1 Bank/Institution _____ Account # _____
Type of Account: ___ Checking ___ Savings ___
Average Monthly Deposits \$ _____
Contact Name _____ Phone _____ Fax _____
Date Opened: _____ Current Balance: _____
#2 Bank/Institution _____ Account # _____
Type of Account: ___ Checking ___ Savings ___
Average Monthly Deposits \$ _____
Contact Name _____ Phone _____ Fax _____
Date Opened: _____ Current Balance: _____

Real Estate Owned

Value of Residential Real Estate Owned (total of all combined if more than one)
\$ _____ Mortgage Balance(s) \$ _____
Value of Commercial Real Estate Owned (total of all combined if more than one)
\$ _____ Mortgage Balance(s) \$ _____

Land Lord Information (If you don't own your commercial property/business location please fill out Landlord info).

1) Landlord Holder Name _____ Phone _____
How many years remain on Lease _____

Business Equipment Owned (Free and Clear)

Office Equipment & Furnishings \$ _____ (Computers, Telephones, POS Systems, Copiers, Furniture, etc)
Industrial and Manufacturing Equipment \$ _____
Construction and Farm Equipment \$ _____ (Yellow Iron-Tractors, Loaders, Dozers, Generators,..Etc)
Medical and Dental Equipment \$ _____ Other \$ _____

Do you plan to purchase equipment? Yes or No If yes, type: _____
Vendor Name: _____ Vendor Phone #: _____
Contact Person : _____

Receivables & Purchase Orders

Total receivables \$ _____
Purchase Orders \$ _____
Have you received PO financing previously? Yes or No
If yes, who was the lender? : _____

Merchant Account

Average Monthly Credit Card Volume (Visa/MasterCard): \$ _____

How Many Merchant/Credit Card Accounts? _____

Merchant/Credit Card Processing Info: Processor: _____

Contact #: _____ Terminal Type: _____

How Processed: % Card Swiped: _____ % Manually Keyed: _____ % Phone/Mail

Order: _____ % Internet: _____

Do you have any existing 'cash advances' and/or 'bank statement loans? Yes / No Balance(s) & with whom: _____

TRADE REFERENCE(S) (The longer the trade reference has been open the better and will be verified).

Company Name _____ Account # _____

Phone Number _____ Open Date _____ High Credit _____

Current Balance _____ Contact Name _____

Company Name _____ Account # _____

Phone Number _____ Open Date _____ High Credit _____

Current Balance _____ Contact Name _____

Company Name _____ Account # _____

Phone Number _____ Open Date _____ High Credit _____

Current Balance _____ Contact Name _____

CREDIT EVALUATION

Do you know your personal credit score? Yes or No If so, what are Score(s)? _____

Do you know if you have a D & B Business Credit File? Yes or No

Do you know your D & B Paydex Score? _____

Do you have any UCC Lien Filings? Yes or No Amount(s)? _____

What is the UCC Filing on? _____

Do you have any existing Credit Lines? Yes or No Balance(s)? _____

With Who? _____

MISCELLANEOUS INFORMATION

Do you have any federal & state taxes past due? Yes or No If yes, how much:

Federal \$ _____ State \$ _____

Are you currently under the protection of the United States Bankruptcy Laws? Yes or No

Have you been turned down previously:(This information is critical in determining what issues that need to be overcome).

By whom and Reason(s): _____

Are you currently working with any lender, consultant or broker on this transaction? Yes or No

If yes, who: _____

AGREEMENT

I/We completed an application containing various information and certify that all of the information is true and complete. I authorize the lender to investigate my credit worthiness and verify any information provided on my/our application and other related documents.

Business Name _____

Signature _____

Printed Name _____

Title _____

Date _____

AUTHORIZATION TO OBTAIN CREDIT INFORMATION

I / We represent and warrant that the information provided in this credit application is complete, accurate and true. Each individual signing below also requests and authorizes any lenders or funding source which may be utilized (collectively referred to as "Lenders") to obtain information from the references listed above and obtain commercial and/or consumer credit histories that will be ongoing and relate not only to the evaluation of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed.

A facsimile, electronic or other copy of this signed authorization shall be as valid as the original.

Applicant's Signature _____

Applicant's Printed Name _____

Date _____

Applicant's Signature _____

Applicant's Printed Name _____

Date _____

Applicant's Signature _____

Applicant's Printed Name _____

Date _____