BUSINESS FINANCING APPLICATION

Amount Requested \$	Reason for your Loan
Minimum Amount Needed \$	Use of Funds Requested
Type of Loan	
GENERAL BUSI	NESS INFORMATION
Legal Business Name	Nature of Business / Company Type
DBA	Website
State Tax ID Number	Business Inception Date
Federal Tax Number	No. of EmployeesDunn & Bradstreet #
Contact #	Revenue Gross: 202 \$ \$
Street	202_\$(thru/ month)
CityStateZip	Net: 202_\$202_\$
Any Open or Old Tax Lien(s) \$	YTD 202_\$(thru/ month)
Total Assets \$Total Liabilities \$	Sole Proprietorship, Partnership, C-Corp
Net Worth \$	Sub-S Corp, LLC Corp, Other
APPLICAN'	ΓINFORMATION
First Name	Social Security #
Last Name	Date of Birth
Company Title	% Ownership
Home & Cell Phone	Total Household Income (yearly) \$
E-Mail Address	Total Assets \$
Home Address	Total Liabilities \$
CityStateZip	MarriedSingleSeparatedDivorced
CO-APPLICA	NT INFORMATION
First Name	Social Security #
Last Name	Date of Birth
Company Title	% Ownership
Home & Cell Phone	Total Household Income (yearly) \$
E-Mail Address	Total Assets \$
Home Address	Total Liabilities \$
CityStateZip	MarriedSingleSeparatedDivorced

BANKING AND AG	CCOUNT INFORMATION			
# 1 Bank / Institution	Account #			
Type of AccountCheckingSavings				
Contact Name				
Date Opened:				
# 2 Bank / Institution	Account #			
Type of AccountCheckingSavings	Average Monthly Deposits \$			
Contact Name	PhoneFax			
Date Opened:	Current Balance:			
Real	Estate Owned			
Value of Residential Real Estate Owned (total of all comb	ined if more than one)			
\$Mortgage Balance(s) \$				
Value of Commercial Real Estate Owned (total of all com	bined if more than one)			
\$Mortgage Balance(s) \$				
Landlo	rd Information			
(If you don't own your commercial prope	erty/business location please fill out Landlord info)			
Landlord Holder Name:	Phone: ()			
Lease Start Date:Lease E	nd Date:			
Business Equipment Owned				
(Fre	(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 \$			
	f 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?				

	M	erchant Account			
Average Monthly Credit Ca	ard Volume (Visa/MasterC	ard): \$			
How Many Merchant/Cred	it Card Accounts?	Contact #	Term:	nal Type	
Merchant/Credit Card Proc	•				
How Processed: % Card Sv	=	-			%
Do you have any existing 'o					
Cash Advance Lender: Bank/Other Lender:	Loan Amour	nt Taken: \$	Funding Date: _/	/	
TRADE REFERENCE(S	*	1 111 1 10 1			
The longer the trade referenc	-	, and the second			
Company Name	Aco	count #			
Phone Number	Open Date	High Cree	dit		
Current Balance	Con	ntact Name			
Company Name	Acc	count #			
Phone Number					
Current Balance	_	_			
Company Name					
Phone Number					
Current Balance	Co	ntact Name			
CREDIT EVALUATION	I				
Do you know your personal o		No If so what are So	para(s)?		
Do you know if you have a D					
Do you know your D & B Pa					
Do you have any UCC Lien 1	Filings? Yes or No	Amount(s)?			
What is the UCC Filing on?_	W. T. C. T.				
Do you have any existing Cro					
With Whom?					
MISCELLANEOUS INF	ORMATION				
Do you have any federal & st	ate taxes past due? Yes or	No If yes, how much:			
Federal \$S	State \$				
Are you currently under the p		tes Bankruptcy Laws?	Yes or No		
Have you been turned dow				d to be overcome)	
iave you been furned dow	ii pieviousiy. (1 ms mjormo	mon is critical in aetermi	mmz wnai issues inai nee	u io oe overcomej.	
By whom and Reason(s):					
Are you currently working w	ith any lender consultant o	r broker on this transac	tion? Yes or	No: If yes	s, who:
no you carrently working w	iai airy render, consultant o	i otokoi on uns uansac	1011. 105 UI	110. 11 yes	,, 1110.

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. For a Corporate, all officers must provide copy of IDs & Social Security Card. Applicant's Signature _____ Applicant's Printed Name Date _____ Applicant's Signature _____ Applicant's Printed Name Date _____

Applicant's Signature ______Applicant's Printed Name ______

Date _____