



APPLICATION FOR FUNDING

FAX TO: 877-471-4151

GENERAL INFORMATION

Legal Name of Business: _____

Trade Name (if any): _____ Federal ID #: _____

Prior Name(s): _____

Complete Physical Address: _____

Complete Mailing Address (if different): _____

County/Parish: _____ Please attach a schedule of any prior or other locations (include county/parish with address).

Telephone: _____ Fax: _____ Other: _____

Contact Person: _____ Email: _____

Entity Type: Corporation LLC Other (_____) Date Formed: _____, State _____

Brief Description of Business or Primary Product: _____

Total # employees: _____ # W-2 employees: _____ # 1099 employees: _____

Total Weekly Payroll: \$ _____ W-2 Weekly Payroll: \$ _____ 1099 Weekly Payroll: \$ _____

Who handles your payroll, payroll taxes & quarterly 941 forms? Contact Person: _____

Telephone: _____ If outside firm, name of firm: _____

Name of Primary Bank: _____ Account Officer: _____

Telephone: _____ Fax: _____

OFFICERS/DIRECTORS/PARTNERS/PRINCIPALS INFORMATION

For ALL Officers, Directors, Partners and Principals, please complete the following information. Attach additional schedule if necessary.

Full Name: _____ Date of Birth: _____

Home Address: _____

Home Telephone: _____ Cell Number: _____ SSN: _____

Percentage Ownership: _____% Title: _____ Email: _____

Full Name: _____ Date of Birth: _____

Home Address: _____

Home Telephone: _____ Cell Number: _____ SSN: _____

Percentage Ownership: _____% Title: _____ Email: _____

Full Name: _____ Date of Birth: _____

Home Address: _____

Home Telephone: _____ Cell Number: _____ SSN: _____

Percentage Ownership: _____% Title: _____ Email: _____

ACCOUNTS RECEIVABLE INFORMATION

A/R Outstanding \$ _____ Approx. Total # of Invoices / Month: _____ Total # of Active Customers: _____

Average Monthly Sales \$ _____ Average Invoice Amount: \$ _____ Normal Payment Terms: _____

