



Working Capital Form

COMPANY INFORMATION

NOTE: Required fields are marked with a check

Business Name

DBA

Address

City

State

Zip

Country

Phone

Fax

Federal Tax ID Number

Email

Type of Business

Proprietorship

Partnership

LLC

Corporation

Non-Profit

Nature of Business

Years in Business

SHAREHOLDER / OWNER INFORMATION

NOTE: Required fields are marked with a check

Name

Title

Address

City

State

Zip

% of Ownership

Social Security Number

Name

Title

Address

City

State

Zip

% of Ownership

Social Security Number



TRADE / CREDIT REFERENCES

NOTE: Required fields are marked with a check

Company Name City State

Phone Contact

Company Name City State

Phone Contact

Average Monthly Account Receivables \$

Do you Presently Factor or Finance your Receivables? Yes No

If "yes", who has Lien and what is the Arrangement?

What type of Financing to you Seek? Factoring A/R Line Other

Please describe your Business and need for this Financing:

"I hereby certify: (i) the information provided above is true and correct, (ii) you are hereby authorized to investigate all bank, credit and trade references, and said references are hereby authorized to release any requested information to your or your nominee, (iii) such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account, (iv) this information may be transmitted by us to you and by you to underwriter/s for the purpose of granting to me credit, either electronically or manually, and that by submitting this application, I take full responsibility for transmission thereof, (v) I acknowledge my rights under the Fair Credit Reporting Act, and (vi) this request is for business and not consumer purposes".

AUTHORIZED SIGNATURE

PRINTED NAME

DATE