

**CLIENT APPLICATION**

**BUSINESS INFORMATION**

Organizational Structure:     Corporation     Sole Proprietorship     Partnership     LLC

Firm's Legal Name (or Individual's Name if Sole Proprietorship)		d.b.a (Business Name)		
Mailing Address	City	State	Zip Code	

If additional locations exist, please complete the Additional Information section on reverse

Phone Number	Fax Number	
Federal Tax Number or SSN	Date Established	Place of Incorporation

Corporate Officers: (if applicable)

President: \_\_\_\_\_ Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_ Treasurer: \_\_\_\_\_

**PRINCIPAL INFORMATION**

Name	Title	% of Ownership	SSN
Residential Address	City	State	Zip Code
Name	Title	% of Ownership	SSN
Residential Address	City	State	Zip Code
Name	Title	% of Ownership	SSN
Residential Address	City	State	Zip Code

**BANK REFERENCES (must be completed)**

Banking Institution	Address	Branch
Contact Person	Phone #	Account #
Banking Institution	Address	Branch
Contact Person	Phone #	Account #

**LANDLORD/MORTGAGE REFERENCES** (if property is owned, please show copy of mortgage statement)

Business Facilities:     Own     Rent     Lease    Monthly Amount: \$ \_\_\_\_\_

If Leasing Property:    Lease Term: \_\_\_\_\_    How Long: \_\_\_\_\_

Landlord Business Name	Contact Person	Phone #
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**The undersigned certifies that all information provided is true and correct and authorizes any holder or financial institution this application is submitted to, and any credit bureau or other agency to investigate the references, statements, or other data listed or accompanying this application. The undersigned authorizes all parties contacts to release credit and financial information requested as a part of any due diligence.**

Signature: \_\_\_\_\_ Printed Name & Title \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name & Title \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL CLIENT INFORMATION**

What is your company's line of business? \_\_\_\_\_

Give a description of your product or service: \_\_\_\_\_

Length of time before the product/service is fully delivered (including any guaranties): \_\_\_\_\_

What is the profile of your customer? \_\_\_\_\_

Where (states) do you sell your product/service? \_\_\_\_\_

Advertising/Sales Methods Used:  Direct Mail  Telemarketing  Door-to-door  Internet  Print Ads  Other

Please Elaborate: \_\_\_\_\_

Average Contract Amount: \$ \_\_\_\_\_ Down Payment Amount: \$ \_\_\_\_\_

Do you currently offer a financing program?  Yes If yes,  In-house  No

If Yes, please complete the following:

Finance Company Name	Contact Person	Phone Number
Finance Company Name	Contact Person	Phone Number
Finance Company Name	Contact Person	Phone Number

Are regular financial statements prepared?  Yes  No If Yes, how often? \_\_\_\_\_

Has your company ever filed bankruptcy?  Yes  No If Yes, please explain \_\_\_\_\_

Has there been a recent (within the last 2 years) change in majority shareholders and/or officers?  Yes  No

If Yes, please explain \_\_\_\_\_

Has your company ever been involved in litigation?  Yes  No If Yes, please explain \_\_\_\_\_

Is your company or any of its principals an endorser or guarantor?  Yes  No

If Yes, please explain \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Location Address	City	State & Zip Code
Landlord Business Name	Contact Person	Phone Number

**The undersigned certifies that the above representations are true and correct for the purpose of being approved as a Client of various financial institutions. I/We understand that any financial institution submitted to will retain this application whether or not it is approved.**

Signature \_\_\_\_\_ Printed Name & Title \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name & Title \_\_\_\_\_ Date: \_\_\_\_\_