

APPLIED CAPITAL

Please print this form and fill out the following information. Return via fax to 505-342-2246, or scan and email to: Info@AppliedCapital.net

CLIENT APPLICATION - Financing

GENERAL

Company Name _____ Date Established _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ email _____

Company is a 1) Corporation, 2) Partnership, 3) Proprietorship _____ Tax I.D. No. _____

Annual Sales Volume _____ Number of Employees _____ Terms of Sale _____

Type of Business (Manufacturing, Distribution, Publishing, etc.) _____

Types of Clients (Manufacturers, Distributors, Retailers, etc.) _____ Approx. No. of Clients _____

How did you hear about Applied Capital? _____

COMPANY PRINCIPALS (Require, as minimum, President and Secretary for corporation)

Name _____ Title _____ Social Security No. _____ Drivers Lic.#/State _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____ Home Phone No. _____

Name _____ Title _____ Social Security No. _____ Drivers Lic.#/State _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____ Home Phone No. _____

Name _____ Title _____ Social Security No. _____ Drivers Lic.#/State _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____ Home Phone No. _____

Name _____ Title _____ Social Security No. _____ Drivers Lic.#/State _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____ Home Phone No. _____

BANK AND SECURITY INFORMATION (2 year history)

Name of Bank/Branch	Ckg. Acct. No. Loan Acct. No.	City/State	Phone	Contract Officer
---------------------	----------------------------------	------------	-------	------------------

Name of Bank/Branch	Ckg. Acct. No. Loan Acct. No.	City/State	Phone	Contract Officer
---------------------	----------------------------------	------------	-------	------------------

Outstanding Loan Balance: _____ Lender Name: _____ Collateral: _____

Are your accounts receivables pledged as collateral? _____ If yes, explain: _____

Does the company have any judgments or liens filed against it? _____ If yes, explain: _____

Is the company involved in any pending lawsuits, as a plaintiff or defendant? _____ If yes, explain: _____

Indicate approximate annual dollar amount of bad debt write-off: _____

Are any of your taxes overdue? Yes: _____ No: _____

If yes, please complete: Federal: _____ State: _____ Local: _____ Amount: _____

TRADE REFERENCES (2 year history)

Supplier Name	Address	City/State/Zip	Phone	Contact
---------------	---------	----------------	-------	---------

Supplier Name	Address	City/State/Zip	Phone	Contact
---------------	---------	----------------	-------	---------

Supplier Name	Address	City/State/Zip	Phone	Contact
---------------	---------	----------------	-------	---------

TRADE REFERENCES (Con't)

Are you presently leasing your space? _____ If so, amount of monthly rent: _____

Name of Landlord/Management Company: _____ Phone: _____

Address: _____ Period of Lease: _____

BUSINESS SUPPORT

Name of Attorney: _____ Phone: _____

Address: _____

Name of Accountant: _____ Phone: _____

Address: _____

SALES AND RECEIVABLES

Total Accounts Receivables: _____ Average Invoice Size: _____

Selling Terms: _____ Average Monthly Sales: _____

Gross margins: _____ Projected Sales (next 12 months): _____

Please list your largest clients, their average monthly receivables, address and phone:

Company	Address	Phone	Avg. Mo'ly Receivables

Estimate of annual and monthly financing requirements: Annual: _____ Monthly: _____

Purpose of the funds generated from financing: _____

If factoring is anticipated, estimate of transaction frequency: _____

Have you ever factored your receivables? _____ If yes, with what company? _____

AUTHORIZATION

I/We hereby authorize you, to whom this application is made, or your agents, to investigate my/our financial responsibility and creditworthiness and will provide financial statements, tax returns, etc., as you deem necessary. I/We grant the right to procure any and all credit and background reports pertaining to any party to this application.

(Sign)

Title

(Print Name)

DOCUMENTATION

Please submit the following documents with this application:

- _____ Copy of driver's license for all principals.
- _____ Accounts Receivable Aging (by invoice date)
- _____ Current Balance Sheet
- _____ Current Year Profit and Loss Statement (by month)
- _____ Past Year's Profit and Loss Statement
- _____ 3 Months Bank Statements
- _____ Customer List with Customer Names, Addresses and Phone Numbers
- _____ Copies of Invoices You Wish to Finance (include Contact Name with customer, Address, Phone Number, Fax Number)
- _____ Articles of Incorporation and Certificate of "Corporation in Good Standing" (Corporations Only)
- _____ Articles of Organization, Operating Agreement and Certificate of "Organization in Good Standing" (LLC's only)
- _____ Proof of Federal Tax ID number (such as tax coupon)
- _____ Current Accounts Payable Aging
- _____ Names and SSN's of Principals executing Personal Guaranty
- _____ Financial Statements of Principals executing Personal Guaranty