



Client Information

Legal company name _____

DBA name (if applicable) _____

Present address _____

City _____ County _____ State _____ ZIP _____

Phone _____ Fax _____

Contact Name _____ Title _____

E-Mail Address _____

Structure Corporation Partnership Sole Proprietorship LLC State Established _____

Date Established _____ Federal Tax ID Number _____

Business Information

Business description _____

Number of Employees _____ Number of Customers _____

Gross Sales Prior Year _____ Projected Sales this Year _____

Current Outstanding A/R _____ Average Invoice Amount _____

Financial Information

How is the business currently being financed? E.g.) bank loan(s), line of credit, self-financing

List of Loans Outstanding

Amount	Monthly Payment	Name of Lender	Collateral
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Principals:

1.) Name: _____ Title: _____ % Ownership: _____

Home Address: _____ SS# _____ DOB: _____

2.) Name: _____ Title: _____ % Ownership: _____

Home Address: _____ SS# _____ DOB: _____

3.) Name: _____ Title: _____ % Ownership: _____

Home Address: _____ SS# _____ DOB: _____

Misc. Information

Have you factored your accounts receivable before?

No Yes (Name of factoring company) _____

Are there currently any tax liens or outstanding judgments against the business or any of its principals?

No Yes (Please explain) _____

Has there been a bankruptcy against the business or any of its principals?

No Yes (Please explain) _____

Have any of the principals ever been convicted of a felony?

No Yes (Please explain) _____

Do you use a payroll service?

No Yes (which service) _____

Specific Funding Needs

Please explain the specific funding needs or concerns of the business.

Documents Needed -See attached list

By completing this application and signing below, I certify that the above statements are true and accurate to the best of my knowledge; that I am an authorized person to complete this application and that I do hereby authorize American Funding Solutions LLC, any credit bureau or agents acting on behalf of American Funding Solutions LLC to verify this information with a credit and/or background check.

Applicant: _____

Title: _____

Print: _____

Date: _____