



# Camel Financial, Inc.

4667 MacArthur Blvd, Suite 200 Newport Beach, CA 92660  
(949) 722-7717 Fax: (949) 722-2988

## Application to enter into a Security Agreement for Financial Services

Business Name \_\_\_\_\_ Date Established \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

If doing business in more than one place, list additional addresses: \_\_\_\_\_

Does the business use a fictitious name? Yes No if yes, where is it filed? \_\_\_\_\_

What is the fictitious business name? \_\_\_\_\_

Type of business? Proprietorship Partnership LLC Corporation

Corporate ID # \_\_\_\_\_

Articles of Incorporation and or fictitious business name filing is hereby provided Yes No

If a partnership, where has partnership agreement been filed? \_\_\_\_\_

### PRINCIPALS

Name: \_\_\_\_\_ DL# \_\_\_\_\_ Position in Company: \_\_\_\_\_

Home Address: \_\_\_\_\_ % Owned: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ DOB \_\_\_\_\_

Own Rent Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ DL# \_\_\_\_\_ Position in Company: \_\_\_\_\_

Home Address: \_\_\_\_\_ % Owned: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ DOB \_\_\_\_\_

Own Rent Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ DL# \_\_\_\_\_ Position in Company: \_\_\_\_\_

Home Address: \_\_\_\_\_ % Owned: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ DOB \_\_\_\_\_

Own Rent Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### SUPPORT INFORMATION

Name of Accountant: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Attorney: Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insurance Agent: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_



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## GENERAL INFORMATION

Federal Identification Number: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

How often do you file 941 payroll taxes? Weekly: Monthly: Quarterly: Yearly:

Do you have any Federal or State taxes past due? Yes No Has a lien been filed? \_\_\_\_\_

How often are financial statements prepared? \_\_\_\_\_ (Please attach most recent copies)

Do you use pay roll service? Yes No

## BANKING INFORMATION

### BUSINESS CHECKING ACCOUNT

Name of bank: \_\_\_\_\_ How long with bank? \_\_\_\_\_

Bank address: \_\_\_\_\_

Account No: \_\_\_\_\_ Name of bank officer: \_\_\_\_\_ Phone: \_\_\_\_\_

### BUSINESS LOAN ACCOUNT

Name of institution: \_\_\_\_\_ How long with institution? \_\_\_\_\_

Institution address: \_\_\_\_\_ Phone: \_\_\_\_\_

Type & amount of loan: \_\_\_\_\_ Type of collateral: \_\_\_\_\_

PERSONAL ACCOUNT OF \_\_\_\_\_ President \_\_\_\_\_ Proprietor \_\_\_\_\_ Partner \_\_\_\_\_ Secretary \_\_\_\_\_

Name of bank: \_\_\_\_\_ Account No? \_\_\_\_\_

Bank address: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

## ACCOUNTS RECEIVABLE INFORMATION

Amount of receivables now open? \_\_\_\_\_ Average monthly sales? \_\_\_\_\_

Approximate No. of accounts? \_\_\_\_\_ Terms of sales: \_\_\_\_\_

Are you factoring now or have you factored before? Yes No

If yes, with what company? \_\_\_\_\_

Are your accounts receivable pledged as collateral? Yes No

If yes, to whom pledged? \_\_\_\_\_

Any other commercial loans/leases outstanding? Yes No Amount \_\_\_\_\_

If yes, to whom and what pledged? \_\_\_\_\_

\*If additional space required, please list on back of this page

## SUPPLIER INFORMATION

### LIST OF PRINCIPAL SUPPLIERS

Name	What do they supply	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____



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## CUSTOMER INFORMATION

Name	Address	Phone	Credit Line
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

\*If additional space required, please list on a separate page.

Amount you intend to factor on a monthly basis: \_\_\_\_\_

An account receivable aging or ledger sheet are hereby provided,

Are you presently leasing your business space? Yes      No

Name of landlord and/or management company

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Period of lease: \_\_\_\_\_ Amount of monthly rental \$ \_\_\_\_\_

Are you currently under the protection of the United States Bankruptcy laws? Yes      No

Why do you want to finance your accounts receivable? \_\_\_\_\_

Please list any other companies you feel may benefit from our program: \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

## PERSONAL REFERENCES

(Known for at least 2 years)

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

## BUSINESS REFERENCES

(Customers Only)

Company Name	Individual	Address	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

This serves as my permission for the release of any information regarding this application for the purposes of credit investigation. Please begin the verification and remittance address change process for the accounts receivable submitted to you in order for us to qualify as a client. The above statements are true and accurate to the best of my information and belief.

Date: \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_