



700 W. First St, Suite 100, Tustin, CA 92780
Phone (949) 722-7717 Fax: (949) 722-2988

Application to enter into a Security Agreement for Financial Services

Date: _____

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? Sole 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: _____

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

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 _____



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The following items will be needed to process your application for underwriting. When submitting application please attach following items for underwriting.

		Date
	Filled out Application	
	Most current AR Aging	
	Most current AP Aging	
	Last 3 months Bank Statements for business	
	Sample of invoices you are looking to finance	
	Last year's Financial Statements, P&L out of QB is fine	
	YTD Financial Statements, P&L out of QB is fine	
	Equipment List if applicable (Fixed Assets)	
	List of Creditors	
	Last 2 years of Tax Returns personal and corporate	
	Personal Financial statement of principles of company	
	Copy of Identification (Drivers License)	
	Articles of Incorporation	
	Copy of Insurance	