



## COMPANY INFORMATION

## Section 1

Legal Name:		DBA Name:	
Website:		Federal ID #:	
Address:		City:	
State:		Zip:	
Email:		Phone:	
Contact Name:		Title:	
Contact Email:		Contact Phone:	
Type of Entity:	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> S-Corporation		
Type of Business:	<input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Services Business <input type="checkbox"/> Wholesaler		
Business Description:			
Year Incorporated:		State Incorporated:	
Length of current ownership:		Number of employees:	
Annual sales:		Average monthly sales:	
Amount of funding required:		Avg. invoice amount:	
Avg. monthly invoice count:		Terms of sale:	
Avg. A/R turnover (in days):		Bad debt charge off last 2 years:	
Are sales supported by:	<input type="checkbox"/> Contracts <input type="checkbox"/> Purchase Orders <input type="checkbox"/> Other:		
Proof of delivery obtained?	<input type="checkbox"/> Primary Shipping method(s):		
Returns & allowances represent:	<input type="checkbox"/> % of monthly sales		
Any bill & holds, guaranteed sales, retainage, progress billing, or foreign sales?	<input type="checkbox"/>		
Specify:			
Largest customer represents:		Top five customers represent:	
Active Customer #:		Are credit files maintained on those customers?	<input type="checkbox"/>
Does the company buy from any of its customers?	<input type="checkbox"/> If yes, who? (specify below)		
Customer Type:	<input type="checkbox"/> Contractors <input type="checkbox"/> End Users <input type="checkbox"/> Retailers <input type="checkbox"/> Wholesalers		
<input type="checkbox"/> Other:			



# COMPANY INFORMATION

# Section 1

Are state and federal taxes current?  If no, amount past due in \$: \_\_\_\_\_

If not, have any tax liens been filed?  If yes, current balance in \$: \_\_\_\_\_

Has the company ever pledged its receivables as collateral?  Fill Section 3 if yes

Has the company ever filed for bankruptcy?  If yes, when (most recent)? \_\_\_\_\_

# OWNERSHIP INFORMATION

# Section 2

Please list all owners or stockholders with 20% or more ownership

Legal Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Ownership %: \_\_\_\_\_

*Pursuant to the Fair Credit Reporting Act, the individual below does hereby grant Aegis Business Credit, LLC permission to request, obtain and review such personal credit information as may be supplied by any credit reporting agency.*

Individual Signature: **X** \_\_\_\_\_

Legal Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Ownership %: \_\_\_\_\_

*Pursuant to the Fair Credit Reporting Act, the individual below does hereby grant Aegis Business Credit, LLC permission to request, obtain and review such personal credit information as may be supplied by any credit reporting agency.*

Individual Signature: **X** \_\_\_\_\_

Legal Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Ownership %: \_\_\_\_\_

*Pursuant to the Fair Credit Reporting Act, the individual below does hereby grant Aegis Business Credit, LLC permission to request, obtain and review such personal credit information as may be supplied by any credit reporting agency.*

Individual Signature: **X** \_\_\_\_\_

Legal Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Ownership %: \_\_\_\_\_

*Pursuant to the Fair Credit Reporting Act, the individual below does hereby grant Aegis Business Credit, LLC permission to request, obtain and review such personal credit information as may be supplied by any credit reporting agency.*

Individual Signature: **X** \_\_\_\_\_

# EXISTING DEBT SCHEDULE

## Section 3

Lender/Debt Holder	Amount Outstanding	Collateral	Monthly Payment	Maturity Date
<b>TOTALS</b>				

# REQUIRED DOCUMENTATION

## Section 4

Please attach the following information to the application to help us provide the best possible proposal for you in the timeliest manner

- A. Last two fiscal year-end balance sheets and income statements
- B. Current year-to-date balance sheet and income statement (and comparable for prior year, same period)
- C. Most recent detailed accounts receivable & payable aging
- D. Two samples of recent customer invoices with corresponding purchase orders & shipping documents
- E. Attach any product brochures, business plans, or financial projections (if available)
- F. Customer address list (city & state), with your estimate of maximum credit exposure anticipated for your five largest customers
- G. If you are requesting an inventory loan, please provide a detailed inventory list

*If any forms are missing adequate space requirements to be filled, please use an addendum or extra copy of the sheet*



# FINAL SIGNATURE FORM

# Section 5

*The information supplied in this Application and all forms and documents submitted to Aegis Business Credit, LLC in connection herewith is true and correct to the best of my knowledge and belief. I/we hereby authorize Aegis Business Credit, LLC to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, etc. as Aegis Business Credit, LLC deems necessary. I/we grant Aegis Business Credit, LLC the right to procure any and all credit reports pertaining to any part of this application. By signing below, I/we hereby authorize Aegis Business Credit, LLC to pre-file any and all Uniform Commercial Code financing statements on behalf of this corporation as Aegis Business Credit, LLC may deem as necessary and proper. Further, your signature authorizes Aegis Business Credit, LLC to send information whether commercial, business, or otherwise via facsimile or electronic transmission to the facsimile number or e-mail address I/we have provided herein.*

Signed By: \_\_\_\_\_

X

Printed Name

Signature

Title: \_\_\_\_\_

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