

*Working Capital Overnight*

# Application To Enter Into A Security Agreement

1. Business Name: \_\_\_\_\_ Phone \_\_\_\_\_
2. Street Address: \_\_\_\_\_ Fax \_\_\_\_\_
3. County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. State of Incorporation: \_\_\_\_\_ Date Established: \_\_\_\_\_ Does Company own real property? Yes  No
5. If doing business in more than one place, list additional addresses:  
\_\_\_\_\_  
\_\_\_\_\_
6. Website: \_\_\_\_\_
7. Description of Business: \_\_\_\_\_  
\_\_\_\_\_
8. Business Type: C-Corp  LLC  S-Corp  Partnership  Other \_\_\_\_\_

## Principals

9. **PRESIDENT**  Name: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
**LLC-MANAGER**  Home Street Address: \_\_\_\_\_ Own  Rent   
**OTHER**  City, State, Zip Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
% OWNER \_\_\_\_\_  
Email: \_\_\_\_\_

10. **PRESIDENT**  Name: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
**LLC-MANAGER**  Home Street Address: \_\_\_\_\_ Own  Rent   
**OTHER**  City, State, Zip Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
% OWNER \_\_\_\_\_  
Email: \_\_\_\_\_

11. **PRESIDENT**  Name: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
**LLC-MANAGER**  Home Street Address: \_\_\_\_\_ Own  Rent   
**OTHER**  City, State, Zip Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
% OWNER \_\_\_\_\_  
Email: \_\_\_\_\_

12. **OTHER**  Name: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Home Street Address: \_\_\_\_\_ Own  Rent   
City, State, Zip Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_  
% OWNER \_\_\_\_\_

## Support Information

13. Name of Accountant: \_\_\_\_\_ Firm: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
14. Name of Attorney: \_\_\_\_\_ Firm: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
15. Name of Insurance Agent: \_\_\_\_\_ Firm: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Tax Information

16. Federal ID Number: \_\_\_\_\_ Number of Employees: \_\_\_\_\_
17. How often do you file 941 Payroll Taxes? Weekly  Monthly  Quarterly  Yearly
18. Do you have any Federal or State Taxes past due? Yes  No  If yes, has lien been filed? Yes  No
19. If you to #18, please list type, quarter/year and amounts:
-

## Supplier Information

- | 29. | NAMES OF PRINCIPAL SUPPLIERS | PRODUCT SUPPLIED | PHONE NUMBER |
|-----|------------------------------|------------------|--------------|
| A.  | _____                        | _____            | _____        |
| B.  | _____                        | _____            | _____        |
| C.  | _____                        | _____            | _____        |
30. Are you presently leasing your business space? Yes  No  Period of Present Lease: \_\_\_\_\_
31. Name of Landlord and/or Management Company: \_\_\_\_\_
32. Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
33. Telephone: \_\_\_\_\_ Monthly Rental Amount: \_\_\_\_\_

## Receivable Information

34. How will you use the proceeds generated from this facility?  
\_\_\_\_\_
35. Average Size of Invoices: \_\_\_\_\_
36. Dollar Amount of Receivables Now Open: \_\_\_\_\_ Average Monthly Sales: \_\_\_\_\_
37. Approximate Number of Customers: \_\_\_\_\_ Terms of Sale: \_\_\_\_\_
38. Anticipated Monthly Sales Volume: \_\_\_\_\_
39. Have you borrowed before? Yes  No  If yes, with what company have you/are you borrowing?  
\_\_\_\_\_
40. Are receivables pledged as collateral? Yes  No  If yes, pledged to whom? \_\_\_\_\_
41. Any other Commercial Loans/Leases Outstanding? Yes  No  If yes, please attach list.  
\_\_\_\_\_

## Checklist of Items to Process A/R Financing

	Done
1. Completed & Signed Application	_____
2. Personal Financial Statement on all guarantors with 20% or greater ownership	_____
3. Two years of Business Tax Returns	_____
4. If the entity is a corporation, Articles of Incorporation and/or By-Laws	_____
5. If the entity is a LLC, Articles of Organization and Operating Agreement	_____
6. Detailed A/R Aging	_____
7. Detailed A/P Aging	_____
8. Profit & Loss Statement	_____
9. Balance Sheet	_____
10. Proof of filing and payment of 941 Withholding Taxes for the last four quarters.	_____
11. Copies of 3 complete invoice packages with supporting documents and proof of payments	_____
12. Customer List with (Contact name, address, phone, fax and email address)	_____
13. For a transportation company, the following items are also required:	
Operating Permit (OP-1) (also known as MC#)	_____
DOT# and Rating	_____
Certificate of Insurance	_____
Copy of the IRP (International Registration Plan) or Cab Card	_____
Copy of Current IFTA (International Fuel Tax Agreement) renewal for the current year	_____