

APPLICATION TO ENTER INTO A SECURITY AGREEMENT WITH PRAIRIE BUSINESS CREDIT, INC.

		T	Address:		
			City:	Phone:	
ate	:	Zip:	County:		
		_	-	Cell Phone:	
yo	u are doing bus	iness in more than one p	place, list all additional addresses: _		
/pe	of Business: _				
ıte	Business Start	ed:	Form of Organization:	Corporation LLC Partnership	Proprietorshi
he	business is a c	orporation or an LLC, 1	list the date and state of incorporation	on:	
the	business is a p	artnership or a sole proj	prietorship, list the date and place o	f filing:	
es	your business	have any subsidiaries?	If yes, please list:		
S :	your business b	een under any other nan	mes in the last five years? If yes, plo	ease list:	
ιV€	you owned an	y other businesses? If s	so, please list:		
	Owners / Sl	areholders / Partne	ers / Principals		
	Position:	Name:		Drivers License No:	
		Home Address:		[Own Re
-	% Owned:	City, State, Zip:			
		Home Phone:	Social Security	Number: Date of Birth:	:
-				f education completed:	
	Position:				
2.				Drivers License No:	
					Own Re
_	% Owned:	City, State, Zip:			
_	% Owned:		Casial Cassit	Name learn	
-	% Owned:	Home Phone:	Social Security		
-	% Owned:	Home Phone:		f education completed: Date of Birth:	
-		Home Phone:Are you a US citizen	? Yes No Highest level o		
- -	% Owned: Position:	Home Phone:Are you a US citizen Name:	? Yes No Highest level o	f education completed: Drivers License No:	
-	Position:	Home Phone: Are you a US citizen' Name: Home Address:	? Yes No Highest level o	f education completed: Drivers License No:	Own Re
-		Home Phone: Are you a US citizen Name: Home Address: City, State, Zip:	? Yes No Highest level o	f education completed: Drivers License No:	Own Re
-	Position:	Home Phone: Are you a US citizens Name: Home Address: City, State, Zip: Home Phone:	? Yes No Highest level o	f education completed: Drivers License No:	Own Re
-	Position:	Home Phone: Are you a US citizend Name: Home Address: City, State, Zip: Home Phone: Are you a US citizend	? Yes No Highest level o	f education completed: Drivers License No: [Number: Date of Birth:	Own Re

Banking Information					
Business Checking Account Bank	Name:		Date	Account O	pened:
Address:		City:		State:	Zip:
Acct Number:	Officer:	Phone	e Number:		
Business Loan Account Institutio	n Name:			Origination	n Date:
Address:		City:		State:	Zip:
Loan Amount:	_ Collateral:				
Personal Account Of:	Bar	nk Name:	Date	Account O	pened:
Address:		City:		State:	Zip:
Acct Number:	Officer:	Phone	e Number:		
Accounts Receivable Inf	ormation				
What is the money from PBC to be	used for?				
Current Monthly Sales:	Projected Month	hly Sales:	Approximate N	ımber of Ir	nvoices Monthly:
Average Days Outstanding:	Do you offset any	invoices? No	Yes Are there an	y consignm	nent sales? No Ye
Approximate Number of Active Cu	stomers: Ter	ms of Sale:	Current Total of O	itstanding I	Invoices:
Has there been, or is there ANY, In	voice Financing?	No Yes If so, with	whom?		
Are ANY company receivables plec	iged as collateral?	No Yes If so, with	h whom?		
Are there ANY other commercial logariness Space Informa		ng? No Yes I	f so, please list on a se	eperate she	et.
Do you presently lease your busine		Yes If so, what is the	remaining length of t	he lease? _	
Name of the landlord/management	company:			Phone N	Tumber:
Landlord's Address:				_ Fax N	lumber:
City, State, Zip:		Monthly Rental:			
Do you presently lease space to any Additional Notes and In		If so, to whom?			
Does any principal have ANY own	ership in any other busin	ness? No Yes If	yes, please list comp	any name,	address, and ownership %:
Have you ever owned or been a sha	reholder in a business the	hat has declared bankru	iptcy? No Y	es	
Have you ever been convicted of a	criminal offense other t	han a misdemeanor inv	olving a motor vehicl	e violation	? No Yes
Remarks:					
Have you ever declared personal ba	ınkruptcy? No	Yes Remarks:			
Has your company discussed or con	nsidered bankruptcy?	No Yes			
Are there any pending legal suits?		here any outstanding ju	dgments? No	Yes	
Acceptance and Affirma. The foregoing information is true and correcentering into a factoring agreement with this limited to my/our credit worthiness and finar pertaining to any party listed in this application.	t to the best of my knowledge applicant. I do hereby author icial responsibility, in any way	rize PBC or its agents to verify they might choose. I/We g	ly and investigate any or all rant PBC and/or its assigns	of the forego	ing statements, included but not
1. Signed:			_ Date:		
Print Name and Title:					
2. Signed:			_ Date:		
Print Name and Title:					
3. Signed: Print Name and Title:			_ Date:		

	Please Attach the Following					
1.	Detailed accounts receivable aging (all outstanding invoices)					
Supporting Document To Follow						
1.	Copy of the Articles of Incorporation (showing legal business name and identities of corporate President & Secretary) and/or copy of DBA Filing or Partnership Agreement					
2.	Corporate financial statements - Year end and current year to date					
3.	Professional Support Information (Name, address, phone, etc. for your accountant, lawyer, and insurance agent)					
4.	Most recent corporate income tax returns (federal and state)					
5.	941 Witholding Tax filings for the last four quarters and proof of payments					
6.	Master customer list, complete with names, addresses, and phone numbers					
7.	Detailed accounts payable aging					
8.	Copies of outstanding invoices, including purchase orders and proof of delivery for each					