ACCESS
BUSINESS FINANCE

14205 SE 36th Street, Suite 350
Bellevue, WA 98006
425-747-9090, FAX 425-747-1404

Representative:_____

APPLICATION

To apply for a financing relationship with ACCESS BUSINESS FINANCE, please furnish the supporting information listed on page 4 together with this application form completed in full. PLEASE PROVIDE ALL INFORMATION REQUIRED; FAILURE TO PROVIDE ALL INFORMATION MAY LEAD TO DELAYS IN PROCESSING. If the space provided is not sufficient for your answers, please use additional sheets of paper as necessary and attach them to this application.

REQUESTED FINANCING AMOUNT: $_____

A. GENERAL INFORMATION:

1. Complete legal business name _____
2. List all trade names or dba's _____
   _____
3. List exact company name as it appears on your invoices _____
   _____
4. Prior Names (Company, trade, or dba) used within the last five (5) years and the dates when used:
   _____
5. Street address of executive/corporate office _____
   City _____ State _____ Zip_____ County_____
6. If at above address less than one year, list previous address(es)
   Street address_____
   City_____ State_____ Zip_____ County_____
7. If more than one place of business, list the addresses of all additional locations on an attachment to this application.
8. Telephone #_____ 8. Fax # _____
9. Type of business (supply brochure or literature) _____
10. Date founded_____ 11. Number of employees, full time_____ part time_____
11. Federal tax I.D.#_____ 13. State tax ID#_____ 14. Local tax ID #_____
12. List the names, complete addresses, telephone/facsimile numbers of all:
    Subsidiaries, with their respective relationships, business and ownership to you_____
    _____

    Affiliates, with their respective relationship to you_____
    _____
13. List the states in which you are qualified to do business_____
    _____
14. List the states in which you regularly conduct business, have sales representatives, or store inventory, giving the exact business address(es) if at a fixed location_____
    _____
15. How did you hear about Access Business Finance?_____

B. FORM OF COMPANY: Check appropriate box.

1. Sole Proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐
2. State and county of incorporation/organization_____
3. Date of incorporation/organization_____
4. If a corporation or LLC, are you in good standing? ☐ Yes ☐ No

C. PRINCIPALS, DIRECTORS, OFFICERS: (Include title and percentage of ownership if applicable.)

1. Name_____ Spouse name (if married)_____
   Title _____
   Home address_____ City_____ State____Zip_____
   Home telephone #_____Social Security #_____ Date of Birth_____
   Own home____ Percent ownership of business_____% Driver's license #_____State____
2. Name_____ Spouse name (if married)_____
   Title _____
   Home address_____ City_____ State____Zip_____
   Home telephone #_____ Social Security #_____ Date of Birth_____
   Own home____ Percent ownership of business_____% Driver's license #_____State____
3. Name_____ Spouse name (if married)_____
   Title _____
   Home address_____ City_____ State____Zip_____
   Home telephone #_____ Social Security #_____ Date of Birth_____
   Own home____ Percent ownership of business_____% Driver's license #_____State_____
4. Name_____ Spouse name (if married)_____
   Title _____
   Home address_____ City_____ State____Zip_____
   Home telephone #_____ Social Security #_____ Date of Birth_____
   Own home____ Percent ownership of business_____% Driver's license #_____State_____

If space provided is not sufficient, please attach additional sheets.

D. BANKING INFORMATION:

1. Business Checking Account
   Name of Bank_____ How long with bank?_____
   Street address_____ City_____ State____ Zip_____
   Account #_____ Name of Bank Officer_____ Telephone _____
2. Business Loan Account
   Name of Financial Institution _____ How long with institution?_____
   Street address_____ City_____ State____Zip_____
   Loan No._____ Telephone #_____
   Type & amount of Loan_____
   Type of collateral_____
3. Does the business have other accounts and/or relationships with other banks? ☐ Yes ☐ No
   If yes, list the additional accounts on an attachment to this application.

E. CURRENT OR PREVIOUS ASSET BASED LENDING OR FACTORING EXPERIENCE:

1. Present or previous asset-based lending or factoring experience? ☐ Yes ☐ No
   If yes, complete the following:
   Company name_____ How long with asset based lender or factor_____
   Street address_____ City_____ State_____Zip_____
   Contact name_____ Telephone #_____
   Outstanding balance $_____ Reason for termination_____

F. COLLATERAL/SECURITY INFORMATION:

1. Any UCC-1s on file? ☐ Yes ☐ No
2. Are accounts receivable or inventory now pledged as collateral? ☐ Yes ☐ No
   If yes, to whom?_____
3. Does any inventory financier claim a purchase money security interest? ☐ Yes ☐ No
   If yes, attach the name and address of financier and details of the transaction to this application.
4. Any agreements (loan, mortgage, stockholder, etc.) to which you are a party and which may restrict borrowing or creation of security interests, or which may impose unusual burdens on you? ☐ Yes☐ No
   If yes, attach an explanation.
5. List and describe any provisions of your charter or by-laws which may limit your ability to borrow or create security interests_____

G. TAX INFORMATION:

1. Has current state tax return been filed? ☐ Yes ☐ No
2. Have current state taxes been paid? ☐ Yes ☐ No
3. Have all Federal taxes been paid, including payroll taxes? ☐ Yes ☐ No
   If no, list all payments in arrears including the agency, quarter and amount of tax owed_____
   _____
4. Are any tax liens outstanding against the company? ☐ Yes ☐ No
   If yes, complete the following:
   Federal lien amount $_____ State lien amount $_____
   Do you have a workout plan? ☐ Yes ☐ No If yes, include a copy.
   IRS contact_____ Telephone #_____
   State contact_____ Telephone #_____

H. BANKRUPTCY INFORMATION:

1. Are you currently in Chapter 11 Bankruptcy? ☐ Yes ☐ No
   If yes, date of filing_____
2. Attorney's name_____ 3. Telephone #_____
4. Has the company or any of its principals ever previously filed for bankruptcy? ☐ Yes ☐ No

I. ACCOUNTS RECEIVABLE INFORMATION:

1. Expected monthly sales $_____ 2. Normal terms of sales _____
3. Approximate number of active customers____4. Average number of invoices per month_____
5. Invoice Size: Low $_____ High $_____ Average $_____
6. How much bad debt was written-off last year? $_____
7. Are cash receipts marked so they may be matched to specific invoices? ☐ Yes ☐ No
8. Do you have customer credit limit underwriting procedures? ☐ Yes ☐ No
9. Do you require customers to complete a credit application? ☐ Yes ☐ No
   (If so, please attach sample customer credit application)
10. Are all invoices supported by POs, contracts and/or shipping documents? ☐ Yes ☐ No
11. Any extended selling terms granted? ☐ Yes ☐ No
    If yes, list terms_____
12. Any sales arising from installments or progress billings? ☐ Yes ☐ No
    If yes, explain_____
13. Any sales to brokers? ☐ Yes ☐ No
    If yes, what percentage of total sales is to brokers? _____%
14. Any sales made on a consignment, bill-and-hold, or guaranteed-sale basis? ☐ Yes ☐ No
    If yes, explain_____
15. Are accounts receivable generated from sales of: ☐ Goods ☐ Services ☐ Both
16. Any sales to U.S. government agencies? ☐ Yes ☐ No
17. Any sales arising from construction work? ☐ Yes ☐ No
18. Are performance and/or payment bonds obtained on your jobs? ☐ Yes ☐ No
    If yes, explain_____
19. Any export sales? ☐ Yes ☐ No If yes, are letters of credit obtained to secure sales? ☐ Yes ☐ No
20. Are your obligations to customers fully performed at time of invoicing? ☐ Yes ☐ No
    If no, explain_____
21. Any sales to "consumers" (i.e. individuals purchasing for personal, family or household purposes)? ☐ Yes ☐ No
    If Yes, explain_____
22. Any sales to your subsidiaries, affiliates, or individuals to which any of your officers are related? ☐ Yes ☐ No
    If yes, explain the nature of the relationship_____
23. Any purchases of goods or services made by you from your customers? ☐ Yes ☐ No
24. Any warranty or guaranty provided to customers with your goods or services? ☐ Yes ☐ No
    If yes, explain_____
25. Must customers obtain authorization before returning goods? ☐ Yes ☐ No
26. Are returned goods segregated from new inventory? ☐ Yes ☐ No
27. What percent of sales are returned?_____%
28. Do you bill your clients for sales tax? If so what % _____ ☐ Yes ☐ No

J. PROFESSIONAL REFERENCE INFORMATION:

1. Accountant name:_____ Firm_____Telephone #_____
   Address_____ City_____ State____Zip_____

2. Attorney name:_____ Firm_____Telephone #_____

   Address_____ City_____ State____Zip_____

K. FINANCIAL INFORMATION:

1. How often are your financial statements generated?_____
2. The quality of your financial statements is: ☐ Audited ☐ Reviewed ☐ Compiled
3. When does your fiscal year end?_____
4. Any lawsuits against the company or the principals? ☐ Yes ☐ No
5. Any judgments existing against the company or the principals? ☐ Yes ☐ No
   If yes, attach an explanation.
6. Are retirement and health plans funding payments current? ☐ Yes ☐ No
   If no, list all payments in arrears_____
7. Why do you want to obtain financing from Access?_____
   _____
8. When do you want to receive financing_____

L. SUPPORTING INFORMATION REQUIRED:

Please provide ALL supporting information required. Failure to provide all information may lead to delays in processing.

- ☐ Business financial statements (current interim statements and previous two year's-end).
- ☐ Personal financial statement(s) of principal(s)
- ☐ Federal tax returns of company (previous two years).
- ☐ Federal tax returns of principals (previous two years).
- ☐ Fictitious Business Name statement (if a sole proprietor, or if using a fictitious name).
- ☐ Articles of Incorporation (if incorporated), Certificate of Formation (if LLC), Partnership Agreement (if a partnership).
- ☐ Accounts receivable aging (including invoice detail).
- ☐ Customer list including names, addresses and phone numbers of customers.
- ☐ Accounts payable aging.
- ☐ Proof of insurance.
- ☐ Existing asset-based lending or factoring contract and UCC-1 filings (if any).
- ☐ Sample invoice and purchase order.
- ☐ Marketing material on your company and/or product line.
- ☐ Sample customer credit application (if used).
- ☐ Other _____

The foregoing statements have been carefully read by me and I hereby solemnly declare and certify that the same are true and correct and that I have the authority to provide this information and be bound by the terms of this application. Access Business Finance is authorized to (1) request, receive and verify credit reports and other financial information regarding applicant and its business that Access deems appropriate; and (2) verify any information contained in this application, in any documents, schedules, reports, statements and/or other information provided under or pursuant to this application, or learned by Access Business Finance as part of its investigation and review of this application, applicant, or applicant's business.

The undersigned individual(s) who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Signed: _____	Signed: _____	Signed: _____
By: _____	By: _____	By: _____
Title: _____	Title: _____	Title: _____
Date: _____	Date: _____	Date: _____