



## Confidential Credit Application and Company

### General business information

Legal name of business/corp.:		
Trade name (DBA):		
Primary business address:		
List other business locations:	Type of business:	
Phone:	Cell:	Email:
Legal form of business: <input type="checkbox"/> Corporation (State ) <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole proprietor		
<input type="checkbox"/> Other		
Federal tax ID:	Years in business:	Number of employees:
How did you hear about us or who were you referred by?:		

### Accounts receivable information

Average monthly sales \$:	Amount of financing requested \$:	
Average number of invoices per month:	Average invoice value \$:	
Number of active customers with open balance?:	What methods do your customers use to pay you	
Standard terms of sale:	Any items over net 60?:	Write off % last 12 months?

### Background information (please explain any "yes" answers)

Any loans, private or commercial outstanding?:	<input type="checkbox"/> No <input type="checkbox"/> Yes, explain:
Any judgments, liens or bankruptcy filings now pending, in effect or discharged against company or owners?	<input type="checkbox"/> No <input type="checkbox"/> Yes, explain:
Any federal or state taxes, including payroll taxes, delinquent?	<input type="checkbox"/> No <input type="checkbox"/> Yes, explain:
Do you use payroll services (ADP, Paychex) or your bank?	<input type="checkbox"/> No <input type="checkbox"/> Yes, explain:
Has the company operated under a different name?	<input type="checkbox"/> No <input type="checkbox"/> Yes, explain:
Any ownership in other companies?	<input type="checkbox"/> No <input type="checkbox"/> Yes, explain:



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### Owner/officer information

Owner/officer name:			
Street address:			
City:	State:	Zip:	
Social Security #	Drivers license #:	Date of birth:	
Position:	Ownership percentage:	Phone #:	

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### Authorization to release information

The undersigned submits this APPLICATION to provide information necessary and to be related upon in assessing the potential of a commercial financing relationship, and states all information contained herein is true and accurate. The undersigned authorizes you to investigate all information provided herein and any additional documentation supplied to you, and you are hereby authorized to check the credit and financial background of the company and the owners and officers.

Once the form is completed, you can either print and sign the application or use an electronic signature.

Email the completed application to: \_\_\_\_\_

Signature:	Print name:	Title:	Date:
Signature:	Print name:	Title:	Date:

### Need help?

If you have any questions, contact us: [Apply@24hrfastfunding@gmail.com](mailto:Apply@24hrfastfunding@gmail.com) | 844-548-2961