

e-Leases

GENERAL BUSINESS INFORMATION			
Legal Name of Business/Corp:			
Trade Name (DBA):			
Primary Business Address:			
List other Business Locations:		Type of Business:	
Telephone:	Fax:	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:	
How did you hear about us or who where 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 customer use to pay you?:	
Standard Terms of Sale:	Any terms over Net 60?	Write off % last 12 months?	
BACKGROUND INFORMATION <i>(Please explain any "Yes" answers)</i>			
Are there any loans, private or commercial, now outstanding?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:	
Are there any Judgments, Liens or Bankruptcy Filings now pending, in effect or discharged against the company or owners?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:	
Has any Owner, Officer, or Principal Manager of the Company ever been convicted of a felony?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:	
Are any Federal or State taxes, including Payroll Taxes, delinquent?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:	
Do you use a payroll service such as ADP, Paychex or your bank?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:	
Do you have any ownership in other companies? Has the Company ever operated under a different name?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:	
OWNER/OFFICER INFORMATION			
Owner/Officer Name:			
Street Address:			
City:		State:	Zip:
Social Security #:	Driver's License:	Date of Birth:	
Position:	Ownership Percentage:	Phone #:	
Owner/Officer Name:			
Street Address:			
City:		State:	Zip:
Social Security #:	Driver's License:	Date of Birth:	
Position:	Ownership Percentage:	Phone #:	
Are there any additional owners? <input type="checkbox"/> Yes <input type="checkbox"/> No			
AUTHORIZATION TO RELEASE INFORMATION			
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
ADDITIONAL SUPPORT DOCUMENTATION			
For purposes of pre-approval, please supply the following information <i>(additional financial information may be requested later)</i> :			
<input type="checkbox"/> Current Aging of Accounts Receivable AND <input type="checkbox"/> Copy of Current Invoice w/ backup (PO, Contract, Proof of delivery, etc.)			