

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:
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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 _____