



## COMMERCIAL FINANCING APPLICATION

### COMPANY INFORMATION

Legal Name:				Federal EIN#:	
DBA:					
Address:	City:		State:	Zip:	
Phone:	Fax:	Website:			
Mailing Address : (if different from above)	City:		State:	Zip:	
Business Description:					
Business Form: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation				Date Established:	
State or Jurisdiction of Incorporation/Organization:					
Are all taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, amount past due: \$		Installment or payment arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bankruptcy filings (company or principal/owners) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date(s), type(s) and case number(s):					
Any current judgments, liens, security interests, criminal charges/convictions, legal proceedings, regulatory actions against company, principals, shareholders/members or officers? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:					

### OWNERSHIP GROUP INFORMATION *(attach additional sheets as necessary)*

Name (full legal name):	Title:	Ownership %age:			
Permanent Address:	City	State:	Zip Code:		
Phone:	Mobile:	Email:	Social Security Number:		
Drivers License Number and State:	Date of Birth:	United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any ownership interest in any other business? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please explain:</i>					

Name (full legal name):	Title:	Ownership %age:			
Permanent Address:	City	State:	Zip Code:		
Phone:	Mobile:	Email:	Social Security Number:		
Drivers License Number and State:	Date of Birth:	United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any ownership interest in any other business? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please explain:</i>					

### CURRENT LENDER INFORMATION

Name of Lender:				Phone:	
Address:	City:		State:	Zip Code:	
Loan(s) Balance: \$	Termination Date:				
Collateral Pledged:					
Guarantees (Personal/Corporate):					

### ACCOUNTS RECEIVABLE INFORMATION

Previous Year Gross Sales: \$	Current Year Projected Gross Sales: \$				
# of Customers:	Open Invoices: \$		# of Monthly invoices		
Average Invoice Size: \$	Average Days Outstanding:				

**ACCOUNTS RECEIVABLE INFORMATION** *(continued)*

Anticipated gross monthly financing amount: \$ \_\_\_\_\_ Have you ever financed accounts receivable before?  Yes  No

Are receivables or inventory assets pledged as collateral for current financing?  Yes  No If yes, to whom: \_\_\_\_\_

Top five (5) current or future customers you wish to factor *(customers will not be contacted without proper permission)*

Name:	Contact:	Phone:	Email:
Address:	City:	State:	Zip Code:
Name:	Contact:	Phone:	Email:
Address:	City:	State:	Zip Code:
Name:	Contact:	Phone:	Email:
Address:	City:	State:	Zip Code:
Name:	Contact:	Phone:	Email:
Address:	City:	State:	Zip Code:
Name:	Contact:	Phone:	Email:
Address:	City:	State:	Zip Code:

**PLEASE ATTACH THE FOLLOWING ITEMS WITH YOUR APPLICATION:**

- Most recent detailed Accounts Receivable Aging (and/or invoices)
- Articles of Incorporation/Organization
- Balance Sheet, Profit/Loss Statement for most recent year end and interim period (and/or Tax Return)
- Bank Statements (last 3 months)
- Accounts Payable (summary) vendor aging
- Misc. (Budget, CIM, Inventory, Other)

**How did you hear about Sterling Commercial Credit?**

- Broker \_\_\_\_\_ (name)
- Banker \_\_\_\_\_ (name)
- Internet Search Engine
- Mailing flyer
- Website
- Trade show
- Sterling Employee \_\_\_\_\_ (name)
- Other *(explain)* \_\_\_\_\_

I/We hereby certify that all information contained in this application is true and accurate to the best of my/our knowledge and belief. I/We authorize Sterling Commercial Credit ("SCC"), its subsidiaries, affiliates, agents or assigns, to conduct or procure any and all investigative reports pertaining to myself or my company that SCC deems necessary in connection with this application or in the course of review or collection of any credit extended in reliance on this application. I/We authorize and instruct any consumer credit agency, commercial credit reporting agency, business, or person to comply and furnish SCC any such information regarding us or our business(es) as may be requested by SCC and agree that such information, along with this application, shall remain confidential. Further, I/we authorize SCC, its subsidiaries or affiliates, to file the appropriate financing statements pursuant to Uniform Commercial Code, describing the collateral as all assets of Debtor or similar language

**Sign individually, with Title:** *Please have all principals sign below; attach additional sheets if necessary*

Signature/Title	Print Name	Date
Signature/Title	Print Name	Date
Signature/Title	Print Name	Date
Signature/Title	Print Name	Date



## SUPPLEMENTAL CREDIT APPLICATION:

Company Name: \_\_\_\_\_

1) What does the business do? What are its products and services offered? What are its competitive advantages?

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2) Who runs the business? What are their roles? What is their experience?

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3) Explain the businesses invoice audit trail and the supporting documents?

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4) What is the initial purpose of the funds (i.e. payoff current lender, vendor discounts, weekly payroll, etc.)?

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5) What are estimated sales in the next 30-days? Next 90-days? Do you anticipate funding daily, weekly, or monthly with Sterling Commercial Credit?

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