

Primary Contact: _____ Title: _____ Email: _____

Business Name (legal name): _____

Tradenames / dba's: _____

Prior Business Names (5 yrs): _____

 Chief Exec Office: _____
(Street) (City) (State) (Zip)
 Lease
 Own

Phone: () _____ Fax: () _____ Website: _____

 Sole Proprietor Type of
 Corporation Date Established: _____ Business: _____

 Gen/Limited Partnership
 LLC LLP State Organized: _____ Tax ID# _____

 Date of Last F/S: _____ F/S Prepared: Monthly
 Quarterly Annually Annual Sales (\$): _____ A/R Balance (\$): _____

Amount Requested (\$): _____ Use of Funds: _____

Whom may we thank for this referral? _____

Locations: List ALL other offices and/or collateral locations including warehouses (attach listing or indicate "NONE" as appropriate)

 Address: _____
 Lease Own
 Public Warehouse

 Address: _____
 Lease Own
 Public Warehouse

Previous Addresses: List all prior addresses used during the last 5 years (attach listing or indicate "NONE" as appropriate)

Address: _____

Address: _____

Owners / Officers / Partners: List ALL Owners (Individual or Company) (attach listing as needed and account for 100% of ownership)

1	% Owned	Name/Title (or Company/Contact)	Email	SSN / Tax ID
Address/City/State/Zip		<input type="checkbox"/> Rent <input type="checkbox"/> Own	Phone	Cell Phone
2	% Owned	Name/Title (or Company/Contact)	Email	SSN / Tax ID
Address/City/State/Zip		<input type="checkbox"/> Rent <input type="checkbox"/> Own	Phone	Cell Phone
3	% Owned	Name/Title (or Company/Contact)	Email	SSN / Tax ID
Address/City/State/Zip		<input type="checkbox"/> Rent <input type="checkbox"/> Own	Phone	Cell Phone
4	% Owned	Name/Title (or Company/Contact)	Email	SSN / Tax ID
Address/City/State/Zip		<input type="checkbox"/> Rent <input type="checkbox"/> Own	Phone	Cell Phone

Officers / Managers / Key Personnel: Please identify ALL the officers of the company below & any other personnel who will conduct business with BFI Business Finance[®] on a daily basis (attach listing, if needed)

 Name: _____ Title: *Chief Executive Officer* Request Funds & Sign Daily Work?

 Name: _____ Title: *President* Request Funds & Sign Daily Work?

 Name: _____ Title: *Corporate Secretary* Request Funds & Sign Daily Work?

 Name: _____ Title: _____ Request Funds & Sign Daily Work?

 Name: _____ Title: _____ Request Funds & Sign Daily Work?

Business Name: _____

Affiliated Company(ies): List ALL related companies (attach listing or indicate "None", if needed) **Please Note: Parent and/or Holding Company(ies) should be described on Page 1 under Owner/Officers/Partners Section

 Company 1: _____ Relationship: Subsidiary Related Entity
 Other (describe): _____

Address: _____ Ownership: _____

 Company 2: _____ Relationship: Subsidiary Related Entity
 Other (describe): _____

Address: _____ Ownership: _____

 Company 3: _____ Relationship: Subsidiary Related Entity
 Other (describe): _____

Address: _____ Ownership: _____

Associates: Please provide contact information for the following associates (attach listing or indicate "None", if needed)
Business Bank(s): _____ Account Officer: _____

Address: _____

General Acct #: _____ Payroll Acct#: _____ Savings Acct #: _____

Insurance Broker(s): _____ Contact Name: _____

Address: _____

Phone Number: () _____ Fax Number: () _____

Accountant(s): _____ Contact Name: _____

Address: _____

Phone Number: () _____ Fax Number: () _____

Attorney(s): _____ Contact Name: _____

Address: _____

Phone Number: () _____ Fax Number: () _____

UCC Filings / Tax Liens / Trusts / Intellectual Property
Are any payroll taxes or any other taxes past due? Yes No

Are there any current or pending liens or judgments? Yes No

Are any assets pledged or liened? With whom? _____ Yes No

Are there any trademarks, patents, or copyrights? Yes No

Has any officer/owner ever been the subject of bankruptcy proceedings? Yes No

Are any officer /owner personal assets held in trust? Name? _____ Yes No

I/We hereby acknowledge that the above information is true and correct to the best of our knowledge. We hereby authorize BFI Business Finance[®] to obtain any information deemed necessary in processing this application. Please Note: Electronic transmission without signature shall be construed as authorization to obtain any information deemed necessary in processing this application.

Authorized Signature/Title _____ Date: _____

Authorized Signature/Title _____ Date: _____