

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 Business: _____
 Corporation Date Established: _____

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 Marital Status
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 Marital Status
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 Marital Status
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 Marital Status

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: <input type="checkbox"/> Subsidiary <input type="checkbox"/> Related Entity <input type="checkbox"/> Other (describe): _____
Address: _____	Ownership: _____
Company 2: _____	Relationship: <input type="checkbox"/> Subsidiary <input type="checkbox"/> Related Entity <input type="checkbox"/> Other (describe): _____
Address: _____	Ownership: _____
Company 3: _____	Relationship: <input type="checkbox"/> Subsidiary <input type="checkbox"/> Related Entity <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any current or pending suits, liens, or judgments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any assets pledged or liened? With whom? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any trademarks, patents, or copyrights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any applicant/officer/owner ever been the subject of bankruptcy proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any officer /owner personal assets held in trust? Name? _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____

Right to Request Specific Reasons for Credit Denial

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact David Drogos at 851 East Hamilton Avenue, Campbell, California 95008, within sixty (60) days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within thirty (30) days of receiving your request for the statement.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age, (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is:

FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, Missouri 64106

If we obtained information from a consumer-reporting agency as part of our consideration of your application, its name, address, and (toll-free) telephone number is shown below. The reporting agency played no part in our decision and is unable to supply specific reasons why we have denied credit to you. You have a right under the Fair Credit Reporting Act to know the information contained in your credit file at the consumer reporting agency. You also have a right to a free copy of your report from the reporting agency, if you request it no later than sixty (60) days after you receive this notice. In addition, if you find that any information contained in the report you receive is inaccurate or incomplete, you have the right to dispute the matter with the reporting agency. You can find out about the information contained in your file (if one was used) by contacting:

Agency Name:	Experian National Consumer Assistance Center
Address:	701 Experian Parkway P.O. Box 2002 Allen, Texas 75013-0036
Telephone:	1-888-397-3742 (Toll Free)
Website:	www.experian.com/reportaccess