

EAGLE BUSINESS CREDIT, LLC

CONFIDENTIAL CREDIT APPLICATION AND COMPANY PROFILE



GENERAL BUSINESS INFORMATION			
Legal Name of Business/Corp:			
Trade Name (DBA):			
Primary Business Address:		City:	State: Zip:
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:	
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:	
Has the Company ever operated under a different name?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:	
Do you have any ownership in other companies?	<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 - The information supplied in this Confidential Financing Application and Company Profile form and all forms and documents submitted to Eagle Business Credit or its Assignee (collectively "Funder") in connection herewith is true and correct to the best of my/our knowledge and belief. I/we hereby authorize Funder to investigate my/our financial responsibility and credit worthiness and will provide financial statement, tax returns, or other materials or information as requested by Funder and to verify any information provided from any source Funder may choose. I/we grant Funder the right to procure any and all credit or other investigative reports to any party to this application. I/we grant Funder the right to release any of the information contained herein or any results from any investigation of the information contained herein to any third party that may become part of any financing transaction between applicants and Funder or to whom Funder may refer this applicant to for funding. I/we further grant to any source from which Funder has requested information about applicant(s), the authorization to release such information to Funder. Applicant acknowledges that Funder will rely on the information provided herein to make its credit decision regarding Applicant. This application has been completed and signed under penalty of perjury. A photocopy, including a fax copy, of this authorization may be accepted as an original.			
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date