



14205 SE 36th Street, Suite 350
 Bellevue, WA 98006
 425-747-9090, FAX 425-747-1404

Representative:

APPLICATION

To apply for a financing relationship with ACCESS BUSINESS FINANCE, please furnish the supporting information listed on page 5 together with this application form completed in full. PLEASE PROVIDE ALL INFORMATION REQUIRED; FAILURE TO PROVIDE ALL INFORMATION MAY LEAD TO DELAYS IN PROCESSING. If the space provided is not sufficient for your answers, please use additional sheets of paper as necessary and attach them to this application.

REQUESTED FINANCING AMOUNT: \$

A. GENERAL INFORMATION:

1. Complete legal business name:
2. List all trade names or dba's
3. List exact company name as it appears on your invoices
4. Prior Names (Company, trade, or dba) used within the last five (5) years and the dates when used:
5. Street address of executive/corporate office
- City State Zip County
6. If at above address less than one year, list previous address(es)
- City State Zip County
7. If more than one place of business, list the addresses of all additional locations on an attachment to this application.
8. Telephone # Fax #
9. Type of business (supply brochure or literature)
10. Date Founded Number of employees, full time part time
11. Federal tax ID # State tax ID # Local tax ID
12. List the names, complete addresses telephone/fax numbers of all:
 - Subsidiaries, with their respective relationships, business and ownership to you
 - Affiliates, with their respective relationship to you
13. List the states in which you are qualified to do business
14. List the states in which you regularly conduct business, have sales representatives, or store inventory, giving the exact business address(es) if at a fixed location
15. How did you hear about Access Business Finance:

B. FORM OF COMPANY: Check appropriate box

1. Sole Proprietor Partnership LLC Corporation
2. State and county of incorporation/organization
3. Date of incorporation/organization
4. If a corporation or LLC, are you in good standing? Yes No

C. PRINCIPALS, DIRECTORS, OFFICERS: (include title and percentage of ownership if applicable)

1. Name Spouse name (if married)
Title
Home address City State Zip
Home telephone # Social Security # Date of Birth
Own home Yes No Percent ownership of business Driver's license # State

2. Name Spouse name (if married)
Title
Home address City State Zip
Home telephone # Social Security # Date of Birth
Own home Yes No Percent ownership of business Driver's license # State

3. Name Spouse name (if married)
Title
Home address City State Zip
Home telephone # Social Security # Date of Birth
Own home Yes No Percent ownership of business Driver's license # State

4. Name Spouse name (if married)
Title
Home address City State Zip
Home telephone # Social Security # Date of Birth
Own home Yes No Percent ownership of business Driver's license # State

If space provided is not sufficient, please attach additional sheets

D. BANKING INFORMATION:

1. Business Checking Account

Name of Bank How long with Bank?
Street Address City State Zip
Account # Name of Bank Officer Telephone

2. Business Loan Account

Name of Financial Institution How long with Institution
Street Address City State Zip
Loan No. Telephone #
Type & amount of Loan
Type of collateral

3. Does the business have other accounts and/or relationships with other banks? Yes No
If yes, list the additional accounts on an attachment to this application.

E. CURRENT OR PREVIOUS ASSET BASED LENDING OR FACTORING EXPERIENCE:

1. Present or previous asset-based lending or factoring experience? Yes No
If yes, complete the following:

Company name How long with asset based lender or factor
Street Address City State Zip
Contact name Telephone #
Outstanding balance \$ Reason for termination

F. COLLATERAL/SECURITY INFORMATION:

1. Any UCC-1s on file? Yes No
2. Are accounts receivable or inventory now pledged as collateral? Yes No
If yes, to whom?
3. Does any inventory financier claim a purchase money security interest? Yes No
4. Any agreements (loan, mortgage, stockholder, etc.) to which you are a party and which may restrict borrowing or creation of security interests, or which may impose unusual burdens on you? Yes No
5. List and describe any provisions of your charter or by-laws which may limit your ability to borrow or create security interests

G. TAX INFORMATION

1. Has current state tax return been filed? Yes No
2. Have current state taxes been paid? Yes No
3. Have all Federal taxes been paid, including payroll taxes? Yes No
If no, list all payments in arrears including the agency, quarter and amount of tax owed
4. Are any tax liens outstanding against the company? Yes No
5. If yes, complete the following:
Federal lien amount: \$ State lien amount \$
Do you have a workout plan? Yes No If yes, include copy
IRS contact Telephone #
State contact Telephone #

H. BANKRUPTCY INFORMATION:

1. Are you currently in Chapter II Bankruptcy? Yes No
If yes, date of filing
2. Attorney's name 3. Telephone #
4. Has the company or any of its principals ever previously filed for bankruptcy? Yes No

I. ACCOUNTS RECEIVABLE INFORMATION:

1. Expected monthly sales \$ 2. Normal terms of sales
3. Approximate number of active customers 4. Average number of invoices per month
5. Invoice Size: Low \$ High \$ Average \$
6. How much bad debt was written-off last year? \$
7. Are cash receipts marked so they may be matched to specific invoices? Yes No
8. Do you have customer credit limit underwriting procedures? Yes No
9. Do you require customers to complete a credit application? Yes No
(if so, please attach sample customer credit application)
10. Are all invoices supported by POs, contracts and/or shipping documents? Yes No
11. Any extended selling terms granted? Yes No
(if yes, list terms)

12. Any sales arising from installments or progress billings? Yes No
(if yes, explain)

13. Any sales to brokers? Yes No
(if yes, what percentage of total sales is to brokers?) %

14. Any sales made on a consignment, bill-and-hold, or guaranteed-sale basis? Yes No
(if yes, explain)

15. Are accounts receivable generated from sales of: Goods Services Both
16. Any sales to U. S. government agencies? Yes No
17. Any sales arising from construction work? Yes No
18. Are performance and/or payment bonds obtained on your jobs? Yes No
(if yes, explain)

19. Any export sales? Yes No (If yes, are letters of credit obtained to secure sales? Yes No)
20. Are your obligations to customers fully performed at time of invoicing? Yes No
(if no, explain)

21. Any sales to "consumers" (i.e. individuals purchasing for personal, family or household purposes)? Yes No
(if yes, explain)

22. Any sales to your subsidiaries, affiliates, or individuals to which any of your officers are related? Yes No
(if yes, explain the nature of the relationship)

23. Any purchases of goods or services made by you from your customers? Yes No
24. Any warranty or guaranty provided to customers with your goods or services? Yes No
(if yes, explain)

25. Must customer obtain authorization before returning goods? Yes No
26. Are returned goods segregated from new inventory? Yes No
27. What percent of sales are returned? %

28. Do you bill your clients for sales tax? Yes No If yes, what %

J. PROFESSIONAL REFERENCE INFORMATION:

1. Accountant's Name: _____ Firm: _____
Telephone # _____ Address: _____
City: _____ State: _____ Zip: _____

2. Attorney's Name: _____ Firm: _____
Telephone # _____ Address: _____
City: _____ State: _____ Zip: _____

K. FINANCIAL INFORMATION:

1. How often are your financial statements generated? _____

2. The quality of your financial statement is: Audited Reviewed Compiled

3. When does your fiscal year end? _____

4. Any lawsuits against the company or the principals? Yes No

5. Any judgments existing against the company or the principals? Yes No
If yes, attach an explanation.

6. Are retirement and health plans funding payments current? Yes No
If no, list all payments in arrears _____

7. Why do you want to obtain financing from Access? _____

8. When do you want to receive financing? _____

L. SUPPORTING INFORMATION REQUIRED: Please provide ALL supporting information required. Failure to provide all information may lead to delays in processing.

- Business financial statements (current interim statements and previous two year's-end).
- Personal financial statement(s) of principal(s)
- Federal tax returns of company (previous two years).
- Fictitious Business Name statement (if sole proprietor, or if using a fictitious name).
- Accounts receivable aging (including invoice detail).
- Customer list including names, addresses and phone numbers of customers (if readily available).
- Accounts payable aging.
- Existing asset-based lending or factoring contract and UCC-1 filings (if any).
- Copy of recently issued invoice and the supporting P.O. from customer.
- Marketing material on your company and/or product line.
- Sample customer credit application (if used).
- Current borrowing base certificate.
- Other: _____

The foregoing statements have been carefully read by me and I hereby solemnly declare and certify that the same are true and correct and that I have the authority to provide this information and be bound by the terms of this application. Access Business Finance is authorized to (1) request, receive and verify credit reports and other financial information regarding applicant and its business that Access deems appropriate; and (2) verify any information contained in this application, in any documents, schedules, reports, statements and/or other information provided under or pursuant to this application, or learned by Access Business Finance as part of its investigation and review of this application, applicant, or applicant's business.

The undersigned individual(s) who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Signed: _____
By: _____
Title: _____
Date: _____

Signed: _____
By: _____
Title: _____
Date: _____

Signed: _____
By: _____
Title: _____
Date: _____