

APPLICATION



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Company Information

Company Name:	Phone:
Address:	Fax:
City: State: Zip:	Federal Tax ID:
Date Business Established:	State Tax ID:
State of Incorporation: Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company <input type="checkbox"/>	
Previous business names used within the past 3 years:	
Trade names and other names under which you are doing business:	
Website:	

Owners, Officers and Directors/Members

Name:	Title:	
Residence Address:	Spouse:	
City: State: Zip:	Home Phone:	
Ownership %:	SSN:	Email:
Director <input type="checkbox"/>	LLC Member <input type="checkbox"/>	Cell Phone:
Name:	Title:	
Residence Address:	Spouse:	
City: State: Zip:	Home Phone:	
Ownership %:	SSN:	Email:
Director <input type="checkbox"/>	LLC Member <input type="checkbox"/>	Cell Phone:
Name:	Title:	
Residence Address:	Spouse:	
City: State: Zip:	Home Phone:	
Ownership %:	SSN:	Email:
Director <input type="checkbox"/>	LLC Member <input type="checkbox"/>	Cell Phone:

Company Banking Information

Business Bank	Phone:	
Address:	Fax:	
City State Zip	Contact	
Checking Account#:	Savings Account#:	Loan #:

APPLICATION



Business Information

Are any of the following assets pledged or assigned as collateral? Accounts Receivable Inventory Equipment

If yes, please provide details:

Are you currently under or have you previously filed for protection under Federal Bankruptcy Laws? Yes No

If yes, please provide details:

Is the company currently involved in litigation or negotiations that will impact accounts receivables, inventory or other assets? Yes No If yes, please provide details:

Does the company have any outstanding judgments? Yes No If yes, please provide details:

Do you have delinquent taxes? Yes No If yes, please provide details:

Do you sell goods on consignment? Yes No If yes, please provide details:

Do you sell to any related parties or are any of your invoices subject to offset against accounts payable? Yes No

If yes, please provide details:

Applicant's Statement

I have answered all the questions on this application fully and truthfully. I understand that you may check my credit record and any statements I have made, I give all my6 creditors permission to give you any business and persona information you may need to determine whether you want to approve this application. I give you permission to give credit reporting agencies and other creditors information relating to any transactions we may enter into. All information is as of this date unless otherwise stated. ALL OWNERS AND GUARANTORS MUST SIGN

APPLICANT'S SIGNATURE

TITLE

DATE

APPLICANT'S SIGNATURE

TITLE

DATE

APPLICANT'S SIGNATURE

TITLE

DATE

Please include the following information with the application:

- | | |
|---|--|
| <input type="checkbox"/> LAST FISCAL YEAR END FINANCIAL STATEMENT | <input type="checkbox"/> LAST INTERNALLY PREPARED FINANCIAL STATEMENT |
| <input type="checkbox"/> CURRENT ACCOUNT RECEIVABLE AGING | <input type="checkbox"/> PERSONAL FINANCIAL STATEMENT FOR ALL OWNERS AND GUARANTORS |
| <input type="checkbox"/> CURRENT CUSTOMER LIST | <input type="checkbox"/> COPY OF ARTICLES OF INCORPORATION OR CERTIFICATE OF FORMATION |
| <input type="checkbox"/> COPY OF OPEN INVOICE | <input type="checkbox"/> COPY OF CURRENT BUSINESS LICENSE INCLUDING TRADE NAMES |
| <input type="checkbox"/> CURRENT ACCOUNT PAYABLE AGING | <input type="checkbox"/> LAST FOUR QUARTERS FOR 941 PAYROLL TAX FILING |
| <input type="checkbox"/> LAST OPERATING BANK STATEMENT | <input type="checkbox"/> OTHER |