



1451 River Park Drive, Suite 120  
Sacramento, CA 95815

CLIENT APPLICATION

Phone (916) 614-1850 Fax (916) 614-1852

Please complete (type or print) this Client Application and return it to the above address.

1. NAMES, ADDRESS AND TELEPHONES:

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Cellular: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Name / Title: \_\_\_\_\_ Referred By: \_\_\_\_\_

2. COMPANY INFORMATION:

Company Type: (C Corp., S Corp.,

Year Established: \_\_\_\_\_ Partnership, Sole Proprietor, etc.) \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Fed. Tax ID #: \_\_\_\_\_

Secretary of the Corporation: \_\_\_\_\_

Dollar Amount Requesting: \$ \_\_\_\_\_ Use of Funds: \_\_\_\_\_

How is the Company currently financed? Self, Bank, Equity, Explain \_\_\_\_\_

Are Any Debts Past Due? Yes / No If Yes, Amount past due:\$ \_\_\_\_\_

Name of Creditor(s) Past Due: \_\_\_\_\_

Are Any Taxes Delinquent? Yes / No If Yes, Amount past due:\$ \_\_\_\_\_

Name of Taxing Agency: \_\_\_\_\_ Type: \_\_\_\_\_

Current or Pending Litigations Against Company or Owners? Yes / No If Yes, Explain \_\_\_\_\_

Are any liens on file? Yes / No If Yes, please describe \_\_\_\_\_

Are the Owners, with greater than 20% interest or investment, U.S. Citizens? Yes / No

If No, Who are not U.S. Citizens: \_\_\_\_\_



1451 River Park Drive, Suite 120  
Sacramento, CA 95815

CLIENT APPLICATION

Phone (916) 614-1850 Fax (916) 614-1852

**3. PROFESSIONAL REFERENCES:**

Accountant: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Attorney: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

**4. BUSINESS BANK ACCOUNT INFORMATION AND WIRING INSTRUCTIONS:**

Bank Name: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Account Name: \_\_\_\_\_ Telephone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Bank Contact Name: \_\_\_\_\_ Account # 1: \_\_\_\_\_

ABA #: \_\_\_\_\_ Account # 2: \_\_\_\_\_

**5. PRIOR BUSINESS LOCATIONS AND/OR NAMES:**

Prior Name (if applicable): \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

In submitting the foregoing application, along with all requested documentation supplied to **Asset Commercial Credit**, the undersigned guarantees its accuracy with the intent that it be relied upon by **Asset Commercial Credit** to enter into a financing agreement with the named company and warrants that the undersigned has not knowingly withheld or misstated any material information. The undersigned agrees that it shall notify **Asset Commercial Credit**, in writing, of any material change in the company's financial condition or prospects.

It is further agreed and understood that the initial application fee of \$300.00 (Three Hundred Dollars) is due and payable with the application by check made out to **Asset Commercial Credit** and is non-refundable. The undersigned agrees to pay any expenses incurred over and above the application fee, due to credit searches, legal and administrative fees, and/or for other expenses or costs that **Asset Commercial Credit** may incur in processing the application and administering the financing agreement.

The undersigned hereby authorizes **Asset Commercial Credit** to run business and personal credit inquiries, and to verify any necessary information such as but not limited to, savings, checking accounts, or loan status, payment history verification, including accounts payable, accounts receivable, credit union, mortgage balances, tax payment history and any employment or related compensation verification.

**6. MANAGEMENT INFORMATION / AUTHORIZED SIGNATURE:**



1451 River Park Drive, Suite 120

Sacramento, CA 95815

Phone (916) 614-1850 Fax (916) 614-1852

CLIENT APPLICATION

Please list the names of all owners (having 20% or greater investment), officers and/or directors:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Ownership% \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Ownership% \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Ownership% \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Ownership% \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_



1451 River Park Drive, Suite 120

Sacramento, CA 95815

Phone (916) 614-1850 Fax (916) 614-1852

CLIENT APPLICATION

## 7. Checklist of Items Submitting

- ◇ Application
- ◇ Application Fee \$300
- ◇ Accounts Receivable Aging
- ◇ Accounts Payable Aging
- ◇ Two Years and Interim Financial Statements (Profit & Loss/Balance Sheet)
- ◇ Two Years Company and Personal Tax Returns
- ◇ Article's of Incorporation
- ◇ Statement of Information
- ◇ Fictitious Business Name Statement
- ◇ IRS Form 941 (Last Two Quarters)
- ◇ Customer List (Name, Address, Phone, Fax, and Contact Person)