



2210 Plaza Drive, Suite 250
Rocklin, CA 95765

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: _____



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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 \$500.00 (Five Hundred Dollars) is due and payable with the application 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 its affiliates, designated agents or assignees 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.



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6. MANAGEMENT INFORMATION / AUTHORIZED SIGNATURE:

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: _____