

# Accounts Receivable Financing Application



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## Company Profile

Company Name		DBA				
Address		City	State	Zip		
Mailing Address		City	State	Zip	County	
Telephone	Fax	E-Mail		Website		
Fed I.D. Number	State Tax Number	DUNS Number		Total Number of Employees		
Year Established	Type of Business	<input type="checkbox"/> Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> S-Corp <input type="checkbox"/> Corporation			Year Filed	State

## Owners/Officers

Name		Title			% Ownership
Home Address		City	State	Zip	Own or Rent?
Home Telephone	DOB	Social Security Number			
Driver's License Number		State Issued		Expiration Date	
Name		Title			% Ownership
Home Address		City	State	Zip	Own or Rent?
Home Telephone	DOB	Social Security Number			
Driver's License Number		State Issued		Expiration Date	
Name		Title			% Ownership
Home Address		City	State	Zip	Own or Rent?
Home Telephone	DOB	Social Security Number			
Driver's License Number		State Issued		Expiration Date	
Name		Title			% Ownership
Home Address		City	State	Zip	Own or Rent?
Home Telephone	DOB	Social Security Number			
Driver's License Number		State Issued		Expiration Date	

## Customers *(Please list your five largest customers)*

Company		Contact		% of Total Outstanding
Address		City	State	Zip
Telephone	Fax	Monthly Volume (\$)	Customer Since	
Company		Contact		% of Total Outstanding
Address		City	State	Zip
Telephone	Fax	Monthly Volume (\$)	Customer Since	
Company		Contact		% of Total Outstanding
Address		City	State	Zip
Telephone	Fax	Monthly Volume (\$)	Customer Since	
Company		Contact		% of Total Outstanding
Address		City	State	Zip
Telephone	Fax	Monthly Volume (\$)	Customer Since	
Company		Contact		% of Total Outstanding
Address		City	State	Zip
Telephone	Fax	Monthly Volume (\$)	Customer Since	

## Aging Categories

Total \$	1-30	31-60	61-90	90+
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## Sales

Projected Sales Volume Next 12 Months (\$)		Sales Volume Previous 12 Months (\$)		A/R Turnover
Avg. Monthly Sales Volume (\$)	Avg. Number of Invoices	Avg. Invoice Amount (\$)	Are any sales made on consignment or guaranteed sales? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Bank References

Institution		Contact		
Address		City	State	Zip
Telephone	Fax	Account Number <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Installment Loan <input type="checkbox"/> Lease <input type="checkbox"/> Other		



**Miscellaneous:**

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- Are you currently past due on any federal or state taxes?  Yes  No
- Do you currently have a payment plan for delinquent taxes?  Yes  No
- Do you purchase products or services from your customers?  Yes  No
- Are there any unsatisfied judgments against your business?  Yes  No
- Are all licenses and permits required to operate your business current?  Yes  No
- Do you anticipate a major change in ownership or management in the next 12 months?  Yes  No
- Are regular financial statements prepared?  Yes  No

**To expedite the approval process, please complete/attach the items below:**

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1. This Application
2. Financial Statement - Business (previous 2 years)
3. Accounts Receivable Aging - Most Recent
4. A Copy of a Completed Invoice With Supporting Documents
5. Federal Tax Returns - Business and Personal (previous two years)
6. Copy of Organizational Documents and/or DBA Filing
7. Personal Financial Statement (all owners)
8. Accounts Payable Aging
9. Customer List with Address, Zip Code, and Phone Numbers

By executing this application, the undersigned certifies to the following: The information set forth in this application and in the documents, schedules, reports, statements, and/or other information provided to Stearns Financial Services with or pursuant to this application are full, true, correct, and complete and accurately reflect such information on the date(s) thereof; that Stearns Financial Services is authorized to request, receive, and verify credit reports and other financial information regarding applicant and its business that Stearns Financial Services deems necessary and appropriate; that Stearns Financial Services is authorized to execute in the name of the undersigned person(s) and file against the undersigned person(s) in favor of Stearns Financial Services financing statements with respect to the undersigned person(s) assets; and that Stearns Financial Services is authorized to inquire of, investigate, confirm, and 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 Stearns Financial Services as part of its investigation and review of this application, applicant, or applicant's business.

**All owners/officers listed above must complete and sign below:**

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

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

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

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

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

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_