

CFR Cash Flow Resources, L.L.C

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Business Credit Application

Business Information

Legal Name as filed with Secretary of State and DBA if applicable: _____

Product or Service Provided: _____

Contact Person: _____ Email Address: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Company Website: _____

Office Phone: _____ Cell: _____ Fax: _____

Date Business Established: _____ # of Employees: _____

Business Form: _____ State of Incorporation or Organization: _____

C Corporation

Limited Liability Company

Partnership

S Corporation

Other: _____

Anticipated Financial Needs

Amount Needed: _____

Any seasonality to your business?

Yes Please describe: _____

No

What are your most pressing financial obligations today?

Tax Information

Federal Tax ID: _____

Fiscal Year End: _____

941 Payroll Taxes Current?

Payroll Service?

Do you have any Federal or State taxes past due?

Yes

Yes

Yes

No

No

No

Through: _____

Name: _____

Bank Information

Primary Bank Name: _____

Contact: _____ Phone #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Accounting, Legal, Trade and Lender (Bank) Credit References

Accounting:

Contact: _____ Phone #: _____ Email: _____

Legal:

Contact: _____ Phone #: _____ Email: _____

Trade Credit:

Contact: _____ Phone #: _____ Email: _____

Lender(s) / Amount(s):

Lender: _____ Amount: _____

Lender: _____ Amount: _____

Financial Information as of _____, 20_____

Average Monthly Credit Sales:

Maximum Concentration % of Largest Customer:

of Customers:

Average Invoice Amount:

Average # of Days Invoices are Outstanding:

_____ Days

Outstanding A/R Balance:

Current	31-60	61-90	Over 90	TOTAL
_____	_____	_____	_____	_____

Ownership and Management Information (Attach Separate Sheet if Necessary)

- **For Partnership: List all Owners and/or Partners**
- **For Corporation or Limited Liability Company: List all Officers, Directors, Members, and Majority Stockholders**

Name: _____ Title: _____ % Ownership: _____%

Home Address: _____ City: _____ State: _____ Zip: _____

Rent Home Phone#: _____ Date of Birth: _____

Own Social Security: _____ Driver's License (State & No.): _____

Additional Applicants (If Necessary)

Name: _____ Title: _____ % Ownership: _____%

Home Address: _____ City: _____ State: _____ Zip: _____

Rent Home Phone#: _____ Date of Birth: _____

Own Social Security: _____ Driver's License (State & No.): _____

Name: _____ Title: _____ % Ownership: _____%

Home Address: _____ City: _____ State: _____ Zip: _____

Rent Home Phone#: _____ Date of Birth: _____

Own Social Security: _____ Driver's License (State & No.): _____

Key Customer Information

Please provide the following information on all current customers. Your application **will not be considered complete** if this section is omitted. If more space is needed, please re-print this page.

1) Name	Address	City	State	Zip
_____	_____	_____	_____	_____
Annual Sales	Contact Name/Title	Phone	Fax	E-Mail
_____	_____	_____	_____	_____

2) Name	Address	City	State	Zip
_____	_____	_____	_____	_____
Annual Sales	Contact Name/Title	Phone	Fax	E-Mail
_____	_____	_____	_____	_____

3) Name	Address	City	State	Zip
_____	_____	_____	_____	_____
Annual Sales	Contact Name/Title	Phone	Fax	E-Mail
_____	_____	_____	_____	_____

4) Name	Address	City	State	Zip
_____	_____	_____	_____	_____
Annual Sales	Contact Name/Title	Phone	Fax	E-Mail
_____	_____	_____	_____	_____

5) Name	Address	City	State	Zip
_____	_____	_____	_____	_____
Annual Sales	Contact Name/Title	Phone	Fax	E-Mail
_____	_____	_____	_____	_____

6) Name	Address	City	State	Zip
_____	_____	_____	_____	_____
Annual Sales	Contact Name/Title	Phone	Fax	E-Mail
_____	_____	_____	_____	_____

Additional Information

Have any of the companies or individuals listed above ever been a debtor in a bankruptcy proceeding?

Yes No If yes, please provide name of person or company: _____

Has any judgment ever been entered against any of the companies or individuals listed above?

Yes No If yes, please provide amount and name of person or company: _____ \$ _____

Are there legal actions or arbitrations pending against any of the companies or individuals listed above?

Yes No If yes, please provide name of person or company: _____

What type of internal accounting software program is being used? (e.g. Quick Books, Peachtree, etc.)

What services do you use to grant credit to customers today? (D&B, Experian, other bureaus, etc.)

Is the business currently operating profitably?

Yes

No

Is it growing?

Yes

No

Do you require credit applications from customers? **If so, please include copies with the submission of this completed application.**

Yes

No

Documentation Required with Application

Attach the following Documents to this Application:

- **Detailed** Customer List that Includes:
 - Complete Mailing Address
 - Contact Name
 - Phone & Fax Numbers
 - Email Address
 - Website
 - Current customer Credit Limits in Place (if any)
- **Detailed** AR&AP Aging
 - Most Recent
 - Last 4 Quarters
- Copies of Active Contracts and Purchase Orders

Documentation Required for Closing

- Articles of Incorporation
- Operating Agreement for LLC, if applicable
- Certificate of Good Standing from State of Incorporation or Organization
- Company Financial Statements
- Signed Personal Financial Statement from Owner(s)
- Two years Tax Returns—Personal and Business
- Evidence of Current Payroll Tax Payments and Filings
- Sample Invoice and Contract Documentation
- Delivery Evidence/Customer Acceptance Documentation
- Evidence of Insurance Policies in Force
- Clear Copy of Driver's License or Passport of Owner(s)
- Bank Account Details for Funds Transfers
- Sample Letterhead for Customer Notification

Statement/Authorization

Each of the undersigned that executes this application in a representative capacity certifies that he/she is authorized to execute this Application on behalf of the business name above. Each of the undersigned certifies that all information set forth herein or otherwise provided, including federal income tax returns, is complete, true and correct and authorizes Cash Flow Resources, L.L.C. to contact applicant's debtors to audit or otherwise verify applicant's current standing and historical relationship and to obtain personal, consumer, and/or business credit reports and information, including inquiries to the Internal Revenue Service and other reference sources provided, in his/her/its name at any time. If the business is a corporation, partnership, or a limited liability company, all owners/principals/members must sign and must also sign individually. Cash Flow Resources, L.L.C is further authorized to file UCC financing statements and amendments to secure any indebtedness which may be incurred as a result of this Application.

Applicant(s)

By: _____ By: _____

Name: _____ Name: _____

Title: _____ Title: _____

Date: _____ Date: _____