



NEW CLIENT APPLICATION

(ALTHOUGH OUR PRIMARY CREDIT CONSIDERATION IS BASED ON THE CREDITWORTHINESS OF YOUR CLIENT,
IT IS IMPORTANT THAT WE OBTAIN GENERAL INFORMATION ON YOU AND YOUR BUSINESS.)

GENERAL INFORMATION Distributor Supplier

Legal business name _____ PPAI# _____ UPIC# _____ ASI# _____

Year established _____ Trade name (if different from above) _____

Street Address _____

City _____ State _____ Zip _____ County _____

Telephone _____ Fax _____ Email _____

 Type of entity Corporation Partnership Sole Proprietorship LLC Other (specify) _____

If a corporation (or an LLC), in which state are you incorporated? _____

Federal Tax # _____ Organizational ID # _____

COMPANY PRINCIPALS/OFFICERS

(Must provide information for each owner of 20% or more of Company. Use separate sheet if needed)

Name _____ **Title** _____ **% Ownership** _____

Home Address _____

City _____ State _____ Zip _____

Telephone _____ Cell phone _____ DOB _____

Social Security # _____ Drivers License # _____ State of D/L _____

Spouse's name _____ Social Security # _____

Name _____ **Title** _____ **% Ownership** _____

Home Address _____

City _____ State _____ Zip _____

Telephone _____ Cell phone _____ DOB _____

Social Security # _____ Drivers License # _____ State of D/L _____

Spouse's name _____ Social Security # _____

ACCOUNTS RECEIVABLES INFORMATION

Approximate number of accounts _____ **Terms of Sale** _____

Average monthly # of invoices _____ Average monthly sales volume \$ _____

Average invoice amount \$ _____ Currently open \$ _____ High credit for individual account \$ _____

 Any experience with Finance company or "factor" before (Yes No). What Firms(s) _____

Financing Application continued:

TAXES

Are any taxes past due? (Yes No) If yes, please fill out below:

Federal \$ _____ Local \$ _____

State \$ _____ Employment \$ _____

Are any assets now assigned, pledged, or have a lien as collateral for a loan or other financing?

Accounts Receivable: (Yes No) To whom? _____

Any current litigation: (Yes No) If yes, please explain _____

BUSINESS RELATIONSHIPS

Bank or S/L name _____ Contact _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Account # _____ ABA # _____

Name of Company Attorney _____ Email _____

Address _____ Telephone _____

Name of Company Accountant _____ Email _____

Address _____ Telephone _____

LARGEST CUSTOMERS

We will not directly communicate with any Contacts below for our underwriting purposes without your written authorization.

Name _____ Contact Name _____

Address _____ Telephone _____ Avg. Monthly Sales \$ _____

Name _____ Contact Name _____

Address _____ Telephone _____ Avg. Monthly Sales \$ _____

Name _____ Contact Name _____

Address _____ Telephone _____ Avg. Monthly Sales \$ _____

Name _____ Contact Name _____

Address _____ Telephone _____ Avg. Monthly Sales \$ _____

OTHER MATERIAL INFORMATION: _____

ALL INFORMATION OBTAINED BY THIS APPLICATION WILL BE HELD IN STRICT CONFIDENCE.

The foregoing information is true and correct and is given to induce Promotional Capital LLC to consider entering into a financing agreement with this company. I hereby authorize Promotional Capital LLC or its agents to verify and investigate any or all of the foregoing statements, including but not limited to my/our credit worthiness and financial responsibility, in any way they may choose. I grant Promotional Capital LLC the right to procure any and all credit reports pertaining to any party listed in this application, including, but not limited to, all principles of the applicant company.

Dated: _____, 20____.

Signed: _____

Print Name: _____

Title: _____



COMPLETE ONLINE, PRINT, SIGN, AND SEND BACK:

FAX 216.595.1535 EMAIL applications@promotionalcapital.com

