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FAX 216.595.1535 PH 866-718-0469

**COMPLETE ONLINE, PRINT, SIGN, AND SEND BACK:**

## PPAI MEMBER REGISTRATION AND APPLICATION

*(PPAI MEMEBERS ARE PRE-APPROVED PENDING FINAL UNDERWRITING)*

CHOOSE FINANCING PROGRAM OPTION:  SPOT FINANCING  FULL SERVICE CREDIT LINE FINANCING  NOT SURE YET  
(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 \_\_\_\_\_

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) \_\_\_\_\_

PPAI Working Capital Administered by:



24500 Chagrin Blvd., Suite. 320, Cleveland, OH 44122

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PPAI Finance 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: \_\_\_\_\_

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