



BANKING INFORMATION

NAME OF THE BANK _____	
ACCOUNT NUMBER _____	ROUTING NUMBER _____
CONTACT NAME _____	CONTACT'S TELEPHONE # _____

HISTORICAL INFORMATION

HAS APPLICANT EVER SOLD, FACTORED, PLEDGED, OR BORROWED AGAINST ITS RECEIVABLES?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, BY WHOM? _____	DATE OF FUNDING _____		
ARE THE COMPANY'S RECEIVABLES CURRENTLY BEING SOLD, FACTORED, PLEDGED OR BORROWED AGAINST?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, BY WHOM? _____	DATE OF FUNDING _____		
HAS APPLICANT OR ANY OF ITS AFFILIATES EVER BEEN IN BANKRUPTCY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE ANY JUDGMENTS, SUITS OR LIENS PENDING AGAINST THE APPLICANT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE THERE ANY TAXES (STATE, FEDERAL, COUNTY, SALES, INCOME, ETC.) PAST DUE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE PAYROLL TAXES CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, DUE TO WHOM? _____	AMOUNT DUE? \$ _____,000.00	PAST DUE SINCE? _____	
IS THERE A SIGNED REPAYMENT AGREEMENT IN PLACE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, DUE TO WHOM? _____	AMOUNT DUE? \$ _____,000.00	PAST DUE SINCE? _____	
IF YES, DUE TO WHOM? _____	AMOUNT DUE? \$ _____,000.00	PAST DUE SINCE? _____	
ARE THERE ANY TAX LIENS (STATE, FEDERAL, COUNTY, SALES, INCOME, ETC.) FILED AGAINST THE APPLICANT?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

DECLARATION (MUST BE SIGNED BY ALL PRINCIPALS OWNING 10% OR MORE OF THE COMPANY)

THE INFORMATION SUPPLIED IN THIS BUSINESS FINANCING APPLICATION AND ALL FORMS, FINANCIAL STATEMENTS, AND DOCUMENTS SUBMITTED IN CONNECTION HERewith ARE TRUE AND CORRECT TO THE BEST OF MY(OUR) KNOWLEDGE AND BELIEF. THE UNDERSIGNED INDIVIDUAL(S) WHO IS(ARE) EITHER PRINCIPALS OF THE CREDIT APPLICANT OR THE SOLE PROPRIETOR OF THE CREDIT APPLICANT, RECOGNIZING THAT HIS/HER/THEIR INDIVIDUAL CREDIT HISTORY MAY BE A FACTOR IN THE EVALUATION OF THE CREDIT HISTORY OF THE APPLICANT, HEREBY CONSENTS TO AND AUTHORIZES THE USE OF A CONSUMER CREDIT REPORT, FROM TIME TO TIME AS MAY BE NEEDED, FOR CREDIT EVALUATION PURPOSES. THE UNDERSIGNED WITHOUT FURTHER NOTICE HEREBY AUTHORIZES WINCREEK FINANCIAL LLC AND ITS ASSIGNS TO OBTAIN A CONSUMER CREDIT REPORT AND TO MAKE WHATEVER INQUIRIES DEEMED NECESSARY CONCERNING THE PARTIES HEREIN FOR CREDIT EVALUATION PURPOSES.

AGREED & ACCEPTED

NAME _____	TITLE _____
<input checked="" type="checkbox"/> SIGNATURE	DATE
NAME _____	TITLE _____
<input checked="" type="checkbox"/> Signature	DATE
NAME _____	TITLE _____
<input checked="" type="checkbox"/> Signature	DATE
NAME _____	TITLE _____
<input checked="" type="checkbox"/> Signature	DATE
NAME _____	TITLE _____
<input checked="" type="checkbox"/> Signature	DATE

REQUIRED ATTACHMENTS (PLEASE INCLUDE AS MANY TO EXPEDITE THE PRELIMINARY UNDERWRITING PROCESS)

<input type="checkbox"/> COPY OF MOST CURRENT COMPANY FINANCIAL STATEMENT (INCLUDING BALANCE SHEET & PROFIT/LOSS STATEMENT)
<input type="checkbox"/> CURRENT ACCOUNTS RECEIVABLE AGING SUMMARY (BY CUSTOMER) OR LIST OF OUTSTANDING INVOICES
<input type="checkbox"/> SAMPLE INVOICES WITH BACK-UP DOCUMENTATION (I.E. BILL OF LADEN, SIGNED TIMES SHEETS, DELIVERY TICKETS)
<input type="checkbox"/> COPY OF DRIVER'S LICENSE FOR EACH PRINCIPAL OWNING 10% OF COMPANY OR MORE
<input type="checkbox"/> CERTIFIED ARTICLES OF INCORPORATION (NAME PAGE ONLY) OR PARTNERSHIP PAPERS
<input type="checkbox"/> BUSINESS OR PERSONAL TAX RETURNS (LAST 2 YEARS)

Please email or fax completed application back to WinCreek to info@wincreek.com or 202-318-8899.