
APPLICATION

Application to Enter In to a Security Agreement With AMERICAN COMMERCIAL CAPITAL, LLC

1. Business Name (as shown on Articles of Incorporation or Partnership Agreement):

2. Date Established _____
3. Street Address _____
4. City _____ State _____ Zip _____
5. Phone _____ Ext. _____ Fax _____
6. Type of Business _____
7. Does the business use a fictitious name? Yes ___ No ___ If yes, what is the name and where is it filed?

8. Previous Business Names (within 5 years) _____
9. What state is the company incorporated in? _____ If a partnership, where has the partnership agreement been filed? _____
10. Does the company own real property? Yes ___ No ___
11. Federal Identification Number _____ Number of Employees _____
12. How often do you file 941 payroll taxes? Weekly ___ Monthly ___ Quarterly ___ Yearly ___
13. Are any of the company's Federal or States taxes past due? Yes ___ No ___
If yes, has a lien been filed? Yes ___ No ___
14. Does the company have any Judgments or Liens filed against it? Yes ___ No ___
15. If any taxes are past due, please indicate how much for each quarter/year.
1st Quarter _____ 2nd Quarter _____ 3rd Quarter _____ 4th Quarter _____
16. How often are financial statements prepared? _____ (Please attach most recent copies)
17. Have you or the company ever filed for the protection of the United States Bankruptcy Laws? _____
If yes, please explain _____

PRINCIPALS

18. President, sole Name _____ DL# _____
proprietor, or Address _____ Date of Birth ___/___/___
senior partner City, State, Zip _____ Social Security # _____
% Owned ____ Own ___ Rent ___ Home Phone # _____

19. Secretary, or Name _____ DL# _____
other partner Address _____ Date of Birth ___/___/___
% Owned ____ City, State, Zip _____ Social Security # _____
Own ___ Rent ___ Home Phone # _____

20. Other officer, Name _____ DL# _____
shareholder or Address _____ Date of Birth ___/___/___
partner City, State, Zip _____ Social Security # _____
% Owned ____ Own ___ Rent ___ Home Phone # _____

21. Other officer, Name _____ DL# _____
shareholder or Address _____ Date of Birth ___/___/___
partner City, State, Zip _____ Social Security # _____
% Owned ____ Own ___ Rent ___ Home Phone # _____

SUPPORT INFORMATION

22. Name of Accountant _____ Firm _____
Address _____ Phone # _____

23. Name of Attorney _____ Firm _____
Address _____ Phone # _____

24. Name of Insurance Agent _____ Firm _____
Address _____ Phone # _____

BANKING INFORMATION

BUSINESS CHECKING ACCOUNT

- 25. Name of Bank _____ How Long with bank? _____
- 26. Address, City, State, Zip _____
- 27. Name of Banking Officer _____ Phone _____
- 28. Account Number _____

BUSINESS LOAN ACCOUNT

- 29. Name of Financial Institution _____ How Long with institution? _____
- 30. Address, City, State, Zip _____
- 31. Name of Banking Officer _____ Phone _____
- 32. Account Number _____
- 33. Amount of Loan _____ Type of Collateral _____

PERSONAL ACCOUNTS OF ___ President ___ Proprietor ___ Partner ___ Secretary

- 34. Name of Bank _____ How Long with bank? _____
- 35. Address, City, State, Zip _____
- 36. Name of Banking Officer _____ Phone _____
- 37. Checking Account Number _____ Savings Account Number _____

RECEIVABLE INFORMATION

- 38. Amount of Receivables Now Open? _____ Average Monthly Sales? _____
- 39. Approximate Number of Accounts? _____ Terms of Sales _____
- 40. Are you financing now or have you financed before? Yes _____ No _____
- 41. If yes, with what company? _____
- 42. Are your receivables pledged as collateral? Yes _____ No _____
- 43. If yes, to whom pledged? _____
- 44. Any other Commercial Loans/Leases Outstanding? Yes _____ No _____ Amount _____
- 45. If yes, to whom and what pledged? _____
- 46. Did you charge off any receivables last year? Yes _____ No _____ If yes, how much? _____

**If additional space required, please list on a separate sheet of paper and attach to the application*

OPERATING FACILITIES

- 46. Operating Facilities are Owned ___ Leased ___
- 47. Name of Landlord and/or management company _____
- 48. Address _____
- 49. City, State, Zip _____
- 50. Phone _____ Period of Lease _____ Amount of monthly Rental _____

SUPPLIER INFORMATION

51. LIST OF PRINCIPAL SUPPLIERS

NAME	ADDRESS	PHONE	TERMS OF SALE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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CUSTOMER INFORMATION

NAME	ADDRESS	PHONE	CREDIT LINE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

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FINANCIAL STATEMENTS

INFORMATION NEEDED BY AMERICAN COMMERCIAL CAPITAL, LLC TO DETERMINE THE FEASIBILITY OF ENTERING INTO AN ACCOUNTS RECEIVABLE PROGRAM:

- ___ 1. Completed Application
- ___ 2. Current Financial Statement
- ___ 3. Copy of Articles of Incorporation, Partnership Agreement, or DBA filing, where applicable
- ___ 4. Latest Corporate Tax Return
- ___ 5. Current Accounts Payable Aging
- ___ 6. Current Accounts Receivable Aging
- ___ 7. Current Master Customer list with name, address, zip code and phone number
- ___ 8. Current Personal Financial Statements of Principal(s)
- ___ 9. Latest Personal Tax Return
- ___ 10. Copy of Principal(s)' Driver License
- ___ 11. Résumé of Principal(s)

NOTES

The above statements are true and representative of the business to the best of my knowledge. The undersigned understand that the foregoing information will be relied upon by AMERICAN COMMERCIAL CAPITAL, LLC to consider entering into a factoring agreement with this business. I authorize banks, suppliers, customers and other parties listed in this application to release financial and credit reports to AMERICAN COMMERCIAL CAPITAL, LLC. I further authorize AMERICAN COMMERCIAL CAPITAL, LLC to contact any other parties they may deem necessary for their investigation of this application and agree to hold AMERICAN COMMERCIAL CAPITAL, LLC harmless against any claims, direct or indirect that may result from receiving such information.

Signature: _____ Title: _____ Date: _____

How were you referred to American? _____