

CORPORATION

Financing Small Business Growth Since 1976

3700 Mansell Road Suite 350 Alpharetta, Georgia 30022

Phone (404) 256-2123

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Application Date:	Credit Line Requeste	bd	
Referred By:			
Company Federal Tax ID I	Number:		
Legal Company Name:		Phone:	
HQ Address:		City:	
County:	State:	Zip:	
Other Address:		City:	
County:	State:	Zip:	
Date of Incorporation:	County:		State:
List complete name of any A	Affiliate, Subsidiary, Holding	Company or Pare	ent Corporation:
Accountant: Name:			
Address:		City:	
State:	Zip:	Phone:	
Company Shareholders/O	fficers (For LLC, please list	manager(s) and	majority members).
President's Name:			
Address:		City:	
SSN:	State:	Phone:	
Secretary's Name:			
Address:		City:	
SSN:	State:	Phone:	
Shareholders Name:			%Stake: □*
Shareholders Name:			%Stake:
Shareholders Name:			%Stake: □*

Please indicate via check boxes those authorized to sign for the corporation with AFC.

Credit Information (Banks and Other Creditors)		
Primary Bank:		Phone:
Address:		
City:	State:	Officer:

Please list large customers that do not show up on your current A/R aging.		
Company:		City:
State:	Contact:	Phone:
Company:		City:
State:	Contact:	Phone:

General Information: (Check All that Apply)		
	Liens and/or Financing Statements outstanding on A/R and/or Inventory of Applicant.	
	Litigation pending against Applicant.	
	Presence of outstanding judgments against Applicant.	

Presence of outstanding Federal and/or State Tax liens against Applicant.

Any history of Bankruptcy for Shareholders or Officers.

Applicant Understands that Advance Financial Corporation intends to rely on the information provided in determining whether or not to enter into a financing relationship.

Applicant hereby authorizes Advance Financial Corporation, or any of its employees to examine its books and records, to discuss the affairs, accounts and finances of the Applicant with Applicant's officers and employees.

Applicant hereby authorizes AFC or any of its employees to investigate the personal credit history of shareholders, officers and Authorized Signers.

Applicant hereby authorizes its Bank, suppliers, customers, accountants, attorneys and employees to provide AFC any information about Applicant and its affairs, finances and accounts as AFC or its employees may request. A copy of this authorization may be accepted as if it were an original.

Applicant:	
By:	
Its:	

Ch	ecklist of Additional Information Required for Underwriting:
	Financial Statements (Two-FYE Statements, if available, plus most recent interim statement)
	Accounts Receivable Aging (Open Item)
	Accounts Payable Aging
	Personal Financial Statements (Principals)
	Sample transaction (Copy of invoice with bill of lading/shippers manifest, customers P.O., etc.)
Ch	ecklist of Additional Information Required for Documentation and Funding:
	Customer List with Address and phone number
	Articles of Incorporation or Formation of LLC
	Corporate Minutes showing Election of Officers or Operating Agreement for LLC