



CAPITAL SOLUTIONS, INC.

APPLICATION

Corporate Name: _____ Loan Request: \$ _____

DBA(s): _____

Address: _____ Date Business Established: _____

City: _____ State: _____ Zip: _____ County: _____

Tel: _____ Fax: _____ Website: _____

Other Location(s): _____

Primary Business Location: Lease Own Other Location(s): Lease Own

Business Description: _____

State of Incorporation: _____ Corp. LLC Sole Proprietor Partnership

Federal Identification Number: _____ Number of Employees: _____

Primary Corporate Contact: _____ Title: _____

Tel: _____ Cell: _____ Email: _____

Principal: _____ Email: _____

Title: _____ D.O.B. _____ % Ownership: _____

Home Address: _____ City/State/Zip: _____

Home Tel: _____ DL# _____ S.S.#: _____ Own Rent

Principal: _____ Email: _____

Title: _____ D.O.B. _____ % Ownership: _____

Home Address: _____ City/State/Zip: _____

Home Tel: _____ DL# _____ S.S.#: _____ Own Rent

Principal: _____ Email: _____

Title: _____ D.O.B. _____ % Ownership: _____

Home Address: _____ City/State/Zip: _____

Home Tel: _____ DL# _____ S.S.#: _____ Own Rent

Corporate Bank: _____ Contact: _____

Tel: _____ Email: _____ Account #: _____

Address: _____ City/State/Zip: _____

Corporate Accountant: _____ Tel: _____

Firm: _____ Email: _____



APPLICATION

Corporate Attorney: _____ Tel: _____

Firm: _____ Email: _____

Company Payroll Service: _____ Tel: _____

Contact: _____ Email: _____

Outstanding Judgements: No Yes Amount(s): \$ _____

Year to Date Sales: \$ _____ Prior Year Sales: \$ _____

Receivables Open: \$ _____ Monthly Sales: \$ _____ Average Invoice: \$ _____

Number of Active Customers: _____ Progress Billing?: No Yes

Are Receivables Pledged as Collateral? No Yes Amount of Loan: \$ _____

Lender: _____ Contact: _____

Email: _____ Tel: _____

Vendor: _____ Contact: _____

Email: _____ Tel: _____ Product: _____

Vendor: _____ Contact: _____

Email: _____ Tel: _____ Product: _____

The signature(s) below authorizes the lender(s) assigned by Capital Solutions to use any information on this application for purposes of credit investigation, corporate and personal background searches and to obtain information from credit reporting agencies.

Date: _____

Signature	Print Name	Title
Signature	Print Name	Title
Signature	Print Name	Title

Required Information:

- 1) Accounts Receivable Aging
- 2) Accounts Payable Aging
- 3) Customer List
- 4) Interim Financial Statement
- 5) Prior Year Financial Statement
- 6) Articles of Incorporation/Organization
- 7) Outstanding Invoice (one example)