

**BUSINESS APPLICATION L3**

**ORGANIZATIONAL INFORMATION**

Firm's Legal Name (or Individual's Name if Sole Proprietorship):		D.B.A. (Business Name):	
Mailing Address (If More Than One Location, Please Provide Locations on Letterhead):		City:	State: Zip:
Business Phone:	Business Fax:	Corporate Web Site Address:	
Date Established:	State of Incorporation:	Federal Tax Number or SS#:	
Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other:			

**PRINCIPAL 1 INFORMATION**

Name:	Your Title:	Ownership %:	Date of Birth:	SS#:
Primary Home Address:		City:	State:	Zip:

**PRINCIPAL 2 INFORMATION**

(Note: If there are more than two principals please provide the information on a separate sheet)

Name:	Your Title:	Ownership %:	Date of Birth:	SS#:
Primary Home Address:		City:	State:	Zip:

**BANKING INFORMATION**

Name of Bank:	Address:	Branch Location:
Bank Contact Name:	Phone Number:	Account Number:

**MEMBER SALES INFORMATION**

What are your annual sales volume?			How much volume would you like to sell monthly to WBF?
Year to date:	Last Year	Two Years Ago	
\$	\$	\$	\$

**CURRENT IN-HOUSE FINANCING OPTIONS**

Do You Currently Offer Financing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated In-House AR? \$
Do You Charge an Interest Rate? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes _____ %	Do You Outsource Your Billing/Collections? <input type="checkbox"/> Yes <input type="checkbox"/> No

**CURRENT OUTSOURCED FINANCING OPTIONS FINANCE COMPANY/BANK**

Do You Offer Third Party Financing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Financed Contracts Generated Monthly?
Name of Outsourced Finance Company/Bank You Work With?	

**REQUIRED DOCUMENTS**

<input type="checkbox"/> Last three years corporate balance sheets, income statements, and tax returns	<input type="checkbox"/> Articles of Incorporation/Formation Documents Showing Ownership Positions
<input type="checkbox"/> A chart showing product price and attributes of amounts sold/financed	<input type="checkbox"/> A copy of your current contract and/or agreement
<input type="checkbox"/> Please provide a chart or description of corporate structure and related entities	<input type="checkbox"/> Personal financial statements for each principal
<input type="checkbox"/> Copy of a government issued ID or driver's license for each Principal	

**APPLICANT SIGNATURES**

By signing below, I/we hereby authorize Whitebridge Financial, LLC and/or its assigns and affiliates herein after referred to as Whitebridge, to perform any credit and/or business and/or criminal background history research on the company(s) and the principal(s) listed above as Whitebridge and/or its assigns and affiliates deem necessary. I/we represent and warrant everything stated in this business credit application and related documentation submitted for consideration to be truthful and accurate. I/we hereby authorize Whitebridge and/or its assigns and affiliates to retain this information, regardless of approval status, for internal uses. Furthermore, I/we hereby authorize the financial institution listed on this application and related materials, and all credit agencies/grantors to release information to Whitebridge, and/or its assigns and affiliates for which credit is being applied for in order to verify the information contained herein.

Applicants Signature:	Print Name:	Title:	Date:
_____			
<i>Authorized Agent/Individual</i>			
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_____			
<i>Authorized Agent/Individual</i>			