



1350 Avenue of the Americas, 24th Floor, New York, NY 10019
Tel: 212-755-3636 Fax: 212-755-6833

APPLICATION

Name of Organization
(Legal):

Contact Person:

Title:

Mailing Address:

City, State, Zip:

Physical Address:

City, State, Zip:

Years at physical address:

Telephone Number:

Fax Number:

E-mail Address:

Web Page:

D/B/A or Trade Name :

Date Incorporated:

State of

Incorporation:

Type of Entity:

For Limited Liability Corporations

Managing Member

Name:

Tele:

Email

Managing Member

Name:

Tele:

Email

Secretary

Name:

Tele:

Email

For Corporations

President

Name:

Tele:

Email

Vice President

Name:

Tele:

Email

Corporate Secretary

Name :

Tele:

Email



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Description of products and services: _____

Additional Locations (if any): _____

Names of related entities, subsidiaries, etc. (if any): _____

Federal ID Number: _____

DUNS Number: _____

Number of Employees: _____

PRINCIPAL INFORMATION

Provide the following information for each Principal with 10% or greater ownership (Copy this page if necessary):

Name: _____ Title: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

SS #: _____ E-Mail Address: _____

US Citizen (Circle one)	YES / NO	Non-Resident (Circle one)	YES / NO	Permanent Resident (Circle one)	YES / NO
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Years with Company: _____ Years in Industry: _____ % Owned: _____

Other Business Holdings: _____



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SALES AND ACCOUNT RECEIVABLES INFORMATION:

Projected Sales Volume next 12 months: _____

Projected Sales Volume months 13-24: _____

Projected Sales Volume months 25-36: _____

Standard selling terms: _____

Average monthly sales volume? _____

Average invoice amount? _____

Average number of invoices per week : _____

Accounting software (ex QuickBooks) : _____

Accounts receivable software (ex Mas90): _____

Average amount invoiced per week: _____

Submission of assignments contact name: _____

Tele: _____ Email Address: _____

CUSTOMER PAYMENT METHODS

By Credit Card? (circle one) YES /NO
If Yes,
What is the average yearly amount?

What is the average monthly amount? _____

By Wire Transfer? (circle one) YES/ NO
If Yes,
What is the average yearly amount?

What is the average monthly amount? _____

BACKORDERS

Please indicate the amount of backorders you are waiting to fulfill:

Customer Name, Address and Amount of Sales: _____

Customer Name, Address and Amount of Sales: _____

Customer Name, Address and Amount of Sales: _____

Customer Name, Address and Amount of Sales: _____



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BANK CHECKING ACCOUNTS AND LOANS

Name of Bank: _____

Length of relationship w/Bank: _____

Complete address of Branch Office: _____

Name and Title of Bank Officer: _____ **Phone:** _____

Fax Number: _____ **Email** _____

Type of account: _____

Account No: _____

Checking: _____

Commercial Loans: _____

Type and Amount of Loan(s): _____

Type of Collateral: _____

Commercial Loans: _____

Type and Amount of Loan(s): _____

Type of Collateral: _____

WAREHOUSE INFORMATION

Warehouse Name: _____

State of Incorporation: _____

Address: _____

City, State, Zip: _____

Contact Name: _____

Contact Email: _____

Contact Telephone: _____

Contact Fax: _____

Does the warehouse have the ability to transmit EDI? (Circle one) YES / NO

Does the warehouse provide on-line access? (Circle one) YES / NO



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In order to quickly determine if we can be of service to your firm, we need **all of the information requested** as well as the **completed** application. If any requested information is not available, please attach a written explanation. All information will be held in the strictest confidence. You hereby authorize Capstone Business Credit, LLC or its assigns to file UCC-1 financings statements in anticipation of the factoring or trade financing contemplated herein.

The above statements are true and accurate to the best of my information and belief. This serves as my permission to release any information regarding this application for the purposes of credit investigation to Capstone Business Credit, LLC or its assigns and the members of its credit committee.

Date: _____

Company: _____

By: _____

Title: _____

Signature

Once this form is complete, please save, print, sign, and send it to Capstone Business Credit, LLC. A signed copy is required.

Please provide copies of the following information:

1. Capstone Application
2. Corporate Financial Statements (2 years & Interim); Unless start-up (Opening Statement)
3. Customer List with sales projections using Capstone's [sample spreadsheet form](#).
4. Certificate of Incorporation, or, Articles of Formation/Association
5. Most recent aged accounts payable listing
6. Most recent aged accounts receivable listing
7. Projections
8. Narrative of company history