



Business Credit Application

Section 1: Company Information

Please fill in all blank spaces below. Use "N/A" if a question or statement is Not Applicable.

Exact Legal Name: _____

Other Names or d/b/a's: _____

Address: _____

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

Phone: _____ Fax: _____

Website: _____ Email: _____

Entity Type: Corporation Sole Proprietorship Partnership LLC Joint Venture

Formation State: _____ Formation Date: _____ Tax ID: _____

Brief description of the company: _____

Number of Full-time W2 Employees: _____ Number of Part-time W2 Employees: _____

Number of 1099 Contract Workers: _____

Section 2: Sales Information

Current Open A/R: _____ Sales - Last 30 Days: _____

Invoices per Month: _____ Sales - Last Year: _____

Average Invoice Amount: _____ Sales - 2 Years Ago: _____

Terms of Sale (N30, N45, etc.): _____ Sales - 3 Years Ago: _____

Dilution Last Year: _____ Projected Sales - 12 Months: _____

Section 3: General Information

Please select "Yes" or "No" for each question. If you answer "Yes," please explain or attach a response.

1. Are receivables currently pledged as collateral? Yes No

If yes, to whom? _____

2. Is inventory currently pledged as collateral? Yes No

If yes, to whom? _____



3. Is the company currently involved in any civil, criminal or administrative proceeding? Yes ___ No ___
If yes, explain: _____
4. Are there any outstanding judgments or liens or levies against the company? Yes ___ No ___
If yes, explain: _____
5. Has the company or its owners ever filed bankruptcy? Yes ___ No ___
If yes, explain: _____
6. Are any local, state or federal taxes delinquent? Yes ___ No ___
If yes, explain: _____
7. Does the company use a 3rd party payroll service? Yes ___ No ___
If yes, explain: _____
8. Is the company regulated by any government agency? Yes ___ No ___
If yes, explain: _____
9. Does company purchase goods or services from any firm it also sells to? Yes ___ No ___
If yes, explain: _____
10. Does the company have any Progress Billing prior to completion/delivery? Yes ___ No ___
If yes, explain: _____
11. Does the company have any Retention Billing? Yes ___ No ___
If yes, explain: _____
12. Does the company accept any Customer Deposits? Yes ___ No ___
If yes, explain: _____
13. Does the company Bill Now but hold customer merchandise for shipment later? Yes ___ No ___
If yes, explain: _____
14. Does the company ship goods from overseas to end user (FOB)? Yes ___ No ___
If yes, explain: _____
15. Does the company have any Guaranteed or Consignment Sales? Yes ___ No ___
If yes, explain: _____

Section 4: Company Ownership & Officers

For privately held organizations, must represent 100% of ownership/officers – if more than 5 Owner/Officers, attach complete list separately

Name: _____ Title: _____ % Ownership: _____
 Phone: _____ SSN: _____ DOB: _____
 Address: _____
 Signed: _____ Date: _____



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 Phone: _____ SSN: _____ DOB: _____
 Address: _____
 Signed: _____ Date: _____

**Signatures are required for each listed owner/officer.*

By executing this application, the signor(s) above each certify the following:

That the information set forth in this application and in the documents, schedules, reports, statements, and/or other information provided pursuant to this application are full, true, correct, and complete and accurately reflect such information on the date(s) thereof and that River Star Professional Group, its affiliates, Lenders and/or agents are authorized to request, receive, and verify personal and business credit reports as well as other financial information regarding both applicant(s) and its/their business that is necessary or appropriate and that River Star Professional Group, its affiliates, Lenders and/or agents is authorized to inquire of, investigate, confirm, and verify any information contained in this application as well as verify any documents, schedules, reports, statements, and/or other information provided under or pursuant to this application, or learned by River Star Professional Group, its affiliates, Lenders and/or agents as part of its investigation and review of this application, applicant(s), or applicant's business.

Additional information required to be submitted with this Application:

- Detailed customer list with names, addresses, and phone numbers
- Detailed and summary accounts receivable aging
- Detailed accounts payable aging
- Copy of each Owners/Officers' state issued photo ID or passport
- Articles of Incorporation or LLC Operating Agreement
- Last two years business tax returns
- Last two years personal tax returns of Officers/Owners



Personal Financial Statement

(Must be completed by EACH Owner/Officer listed in Section 4 of the Application)

IMPORTANT: If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections 1 and 3. If you are applying for joint credit with another person (Spouse or other individual party), complete all Sections and provide information in Section 2 about the joint applicant. If appropriate, the joint applicant may complete a separate personal financial statement and the applications may be submitted together. If this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s), completes Sections 1 and 3.

Section 1 - Individual Information

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Position or Occupation: _____ Length of Employment: _____

Section 2 – Spouse / Other Individual Information

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Position or Occupation: _____ Length of Employment: _____



Section 3 - Statement of Personal Financial Condition as of: _____

<u>Assets</u>	<u>Whole Dollars</u>	<u>Liabilities</u>	<u>Whole Dollars</u>
Cash in Banks:		Accounts and Bills Due:	
U.S. Gov't & Publicly Traded Securities:		Credit Cards:	
Non-publicly Traded Securities:		Automobile Loans:	
Accounts, Loans, and Notes Receivable:		Real Estate Mortgages Payable:	
Automobiles:		Primary Residence	
Other Personal Property (List):		Business	
		Secondary Residence	
		Other Real Estate:	
Cash Surrender Value (Life Insurance):		Other Notes Payable to Banks:	
Real Estate Owned		Notes Payable to Other Institutions:	
Primary Residence:		Unpaid Income Tax:	
Business:		Other Liabilities (List):	
Secondary Residence:			
Other:			
Other Assets (List):			
Total Assets:		Total Liabilities:	
		Net Worth:	
		Total Liabilities & Net Worth:	

The information contained in this statement is provided to induce the Lender to extend or to continue the extension of credit to the undersigned or to the others upon the guaranty of the undersigned. The undersigned each acknowledge and understand that as a Lender, you are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants, and certifies that the information provided herein is true, correct, and complete. Each of the undersigned agrees to notify the Lender immediately and in writing of any change in (1) name, address, or employment, (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligation to you as Lender. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. Lender is hereby authorized to make all inquiries necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. Each of the undersigned authorizes Lender to answer questions about and share with others its credit information regarding the undersigned.

Signature (Individual)

Date

Social Security Number

Date of Birth

Signature (Spouse /Other Individual Party)

Date

Social Security Number

Date of Birth