

Working Capital Application

Legal Name:	
Address:	Federal Tax ID #:
City, State, Zip:	DUNS #
Corporation: Proprietorship: Partnership:	Telephone:
State of Incorporation: County:	Fax:
Date of Incorporation: Year Founded:	Other:
D/B/A or Other Names:	Website:
D/B/A Registered? State County	Email:

Banking Institution:

Bank	
Main Address	
Previous Business Names	
Previous Address	
Who referred you	

Bank	
Address	
Telephone	
Account #	
Contact	

Please Answer:

	YES / NO	If yes, please explain. Please attached additional information or narrative if needed.
Have any Officers or Owners of company ever been convicted of a Felony		
Have any Officers or Owners of company ever been involved in a Bankruptcy?		
Are any of the Company's assets pledged as collateral ?		
Does Company presently Lease it's Business Office or Warehouse Space?		
If yes, Monthly Rent / Lease Amount:		
Is there any threat of or pending litigation against the company ?		
Is there any threat of or pending litigation against Officers or Owners ?		

Top / Largest 3 Customers:

	#1	#2	#3
Name			
Address			
Contact			
Telephone			
Website			
Credit Limit			
Outstanding A/R			

Misc. Tax Information:

State Tax ID	
Local Tax ID	
Taxes Delinquent?	
Liens Filed ?	

Accountant:

Firm Name	
Address	
Telephone	
Email	
Contact	

Insurance Information:

Insurance Carrier	
Phone	
Frequency of payment	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually

Vendor Information:

Name			
Product / Service			
State			
Telephone			
Website			

Executive Officers

Name:	Position:
Address:	Home Phone:
City, State, Zip:	Cell Phone:
% of Ownership:	Email:
Soc. Sec. #	Spouse:
D.L.# State:	Signature:

Name:	Position:
Address:	Home Phone:
City, State, Zip:	Cell Phone:
% of Ownership:	Email:
Soc. Sec. #	Spouse:
D.L.# State:	Signature:

Accounts Receivable Details:

Currently financing Accounts Receivable ?	If Yes, with Whom?	Under Contract ?	Exp. Date:	Date Opened:

Current A/R Balance	# of Acct s	Terms of Sale	Avg. Mo. Sales	Avg. Invoice Amt.	Avg. # of Invoices	Avg Days Outstanding

I hereby verify that all information provided is true and accurate to the best of my knowledge. Prosperity Funding is authorized (as deemed necessary by PF) to verify the accuracy of the statements and information provided and to conduct a credit investigation including, without limitation, obtaining one or more credit reports from commercial credit investigations. Any adverse material change to the financial information previously supplied must be reported within fifteen (15) days.

Name
Title

Signature
Date