First Business
FIRST BUSINESS FACTORS

GENERAL

APPLICATION

Please fill in ALL Blank spaces below. Use "N/A" for "Not Applicable"

1. EXACT LEGAL NAME OF THE COMPANY APPLYING FOR FINANCING: _____

2. ALL ASSUMED, FICTITIOUS, OR TRADE NAMES: _____

3. DATE AND STATE OF FORMATION: _____/_____/_____ STATE: _____ TAXPAYER FEDERAL I.D. NUMBER: _____

4. NUMBER OF EMPLOYEES: PERMANENT _____ TEMPORARY: _____ INDEPENDENT CONTRACTORS: _____

5. MAIN OFFICE: ☐ OWN ☐ RENT If rent, Name of Landlord _____ Phone: (____) _____ Rent Current? ☐ YES ☐ NO

ADDRESS: _____ Any other Locations?
STREET CITY COUNTY STATE ZIP

MAILING: _____ ☐ YES ☐ NO
STREET CITY COUNTY STATE ZIP

PHONE: (____) _____ FAX: (____) _____ WEBSITE: _____

6. TYPE OF ENTITY: (CHECK ONE)

☐ CORPORATION (☐ PRIVATE ☐PUBLIC ☐SUB-S) ☐ SOLE PROPRIETORSHIP ☐ JOINT VENTURE
☐ PARTNERSHIP (☐GENERAL ☐LIMITED) ☐ LIMITED LIABILITY COMPANY ☐ OTHER: _____

7. SALES INFORMATION:

CURRENT OPEN A/R: _____ AVERAGE INVOICE AMOUNT: _____
LAST 30 DAY SALES: _____ # OF INVOICES PER MONTH: _____
2016 SALES: _____ 2016DILUTION (RETURNS, DISCOUNTS, ETC.): _____
2015 SALES: _____ TERMS OF SALE (NET 30, 45, ETC.): _____
2014 SALES: _____ PROJECTED NEXT 12 MONTHS SALES: _____

8. BRIEF DESCRIPTION OF BUSINESS OR PRIMARY PRODUCT OR SERVICE: _____

_____

9. LIST ALL CUSTOMERS OVER 10% OF YOUR SALES: _____

10. TYPE OF ACCOUNTING SOFTWARE USED: _____

11. OWNERSHIP & OFFICERS - For ALL individuals reflecting 100% of ownership, please complete below. **Attach additional information as necessary**.

TITLE: _____ % OWNERSHIP: _____ FULL NAME: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ ☐ OWN ☐ RENT

HOME TELEPHONE: (____) _____ CELL PHONE: (____) _____ E-MAIL: _____

SS#: _____ DRIVER'S LICENSE # and STATE: _____/_____ **(please attach a copy)**

DATE OF BIRTH: _____ MARRIED ☐ UNMARRIED ☐ SEPARATED ☐ HOW LONG AT FIRM: _____

TITLE: _____ % OWNERSHIP: _____ FULL NAME: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ ☐ OWN ☐ RENT

HOME TELEPHONE: (____) _____ CELL PHONE: (____) _____ E-MAIL: _____

SS#: _____ DRIVER'S LICENSE # and STATE: _____/_____ **(please attach a copy)**

 2400 E. Devon Ave., Des Plaines, IL 60018 * Fax: (847) 297-3520

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DATE OF BIRTH: _____ MARRIED ☐ UNMARRIED ☐ SEPARATED ☐ HOW LONG AT FIRM: _____

TITLE:_____ % OWNERSHIP:_____ FULL NAME:_____

HOME ADDRESS:_____ CITY: _____ STATE: _____ ZIP: _____ ☐ OWN ☐ RENT

HOME TELEPHONE: (_____)_____ CELL PHONE: (_____)_____ E-MAIL: _____

SS#: _____ DRIVER'S LICENSE # and STATE: _____/_____ **(please attach a copy)**

DATE OF BIRTH: _____ MARRIED ☐ UNMARRIED ☐ SEPARATED ☐ HOW LONG AT FIRM: _____

12. GENERAL INFORMATION - PLEASE ANSWER YES OR NO TO EACH QUESTION. IF "YES" TO ANY QUESTION PLEASE EXPLAIN OR ATTACH RESPONSE TO APPLICATION.

YES	NO	
☐	☐	a. Are receivables currently pledged as collateral? If yes, to whom? _____
☐	☐	b. Has the Company ever financed its A/R before? If yes, with whom? _____
☐	☐	c. Is inventory currently pledged as collateral? If yes, with whom? _____
☐	☐	d. Is the Company currently operating UNPROFITABLY?
☐	☐	e. Has there been any change in ownership of the Company within the last 24 months?
☐	☐	f. Is any owner currently or has been in the past involved in any civil or criminal act? If so, please explain?
☐	☐	g.. Is the Company currently involved in any civil or criminal judicial, administrative, or arbitration proceeding or is any such action being threatened by anyone?
☐	☐	h.. Are there any unsatisfied judgments, liens, or levies against the Company, whether or not of record?
☐	☐	i.. Has the Company ever had a petition in bankruptcy filed by or against it, or is the Company considering filing bankruptcy or is an involuntary bankruptcy being threatened against it?
☐	☐	j. Are any local, state, or federal taxes delinquent, or are there any liens related to such taxes filed or threatened to be filed, or is the Company presently under any installment agreements (oral or written) for the payment of such taxes?
☐	☐	k.. Does the Company (or any person who owns the Company) owe money to a previous owner of the Company?
☐	☐	l.. Is Company regulated by any Governmental Agency? If so, what Agency? _____
☐	☐	m. Has the Company ever used any name, either legal, assumed, fictitious or trade name other than those listed in #1 or #2?
☐	☐	n. Does the Company purchase goods or services from any firm it also sells to? If so whom and what is the percentage? _____
☐	☐	o. Does the Company have any Progress Billing prior to completion/delivery?
☐	☐	p. Does the Company have any Retention/Retainage Billing (customary in the Construction Industry)?
☐	☐	q. Does the Company have any Sales to Affiliates? If so whom? _____
☐	☐	r. Does the Company accept Customer Deposits?
☐	☐	s. Does the Company Bill Now but Hold customer merchandise on your premises for shipment later?
☐	☐	t. Does the Company have any Guaranteed or Consignment Sales?
☐	☐	u. Does the Company charge Sales Tax to its customers?
☐	☐	v. Does the Company offer a Warranty with the product sales? If so for how long? _____
☐	☐	w. Has the Company ever operated at an address different than its present address?

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13. BANKING

NAME OF PRIMARY BANK:_____ CONTACT:_____ TELEPHONE #: (____)_____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CHECKING ACCOUNT #: _____ HOW LONG WITH BANK:_____ LOAN WITH BANK? ☐ YES ☐ NO

14. ACCOUNTING

NAME OF ACCOUNTING FIRM:_____ CONTACT:_____ TELEPHONE #: (____)_____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

15. LEGAL

NAME OF LAW FIRM:_____ CONTACT:_____ TELEPHONE #: (____)_____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

16. BUSINESS INSURANCE

NAME OF INSURANCE COMPANY: _____ CONTACT:_____ TELEPHONE #: (____)_____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

17. HOW DID YOU HEAR OF FIRST BUSINESS FACTORS?_____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, FEDERAL LAW REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY AND RECORD INFORMATION THAT IDENTIFIES EACH PERSON WHO OPENS AN ACCOUNT. WHAT THIS MEANS FOR YOU: WHEN YOU OPEN AN ACCOUNT, WE WILL ASK FOR YOUR NAME, ADDRESS, DATE OF BIRTH AND OTHER INFORMATION THAT WILL ALLOW US TO IDENTIFY YOU. WE WILL ALSO ASK TO SEE YOUR DRIVER'S LICENSE OR OTHER IDENTIFYING DOCUMENTS.

THE INFORMATION SUBMITTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND IS SUBMITTED TO FIRST BUSINESS FACTORS (FBF) TO INDUCE FBF TO PROVIDE FINANCING TO APPLICANT. THE UNDERSIGNED, ON BEHALF OF APPLICANT, HEREBY (A) AUTHORIZES FBF AND ANY OF ITS EMPLOYEES, AGENTS AND REPRESENTATIVES TO REQUEST AND OBTAIN ANY RECORDS AND/OR OTHER INFORMATION RELATIVE TO THE APPLICANT OF A CRIMINAL OR CIVIL NATURE (INCLUDING ANY CREDIT REPORTS OR OTHER SUCH RECORDS AND/OR INFORMATION ON THE CREDITWORTHINESS OF THE APPLICANT) AND (B) RELEASES AND INDEMNIFIES FBF, ITS OWNERS, OFFICERS, EMPLOYEES, AGENTS AND REPRESENTATIVES, AS WELL AS ANY PARTY SUPPLYING SUCH RECORDS AND INFORMATION TO FBF, FROM ANY LIABILITY WITH RESPECT TO REQUESTING, OBTAINING AND/OR SUPPLYING SUCH RECORDS AND OTHER INFORMATION ON THE APPLICANT.

By signing the application you authorize First Business Factors, a division of First Business Capital Corp to file a financing statement reflecting the security interest in the Accounts Receivable Factoring Agreement while the application is being processed. In the event the application is denied, the financing statement will be terminated upon payment of any outstanding obligations due First Business Factors.

Typed or Printed Name:_____ Signature:_____

Title:_____ Date:_____

ADDITIONAL REQUIRED DOCUMENTATION DUE BACK WITH THE EXECUTED APPLICATION

- **Last two years Fiscal Year-end Financial Statements** (with Notes to Financial Statements)
- **Most recent month-end and year-to-date Financial Statements with prior year comparison**
- **Most recent month-end Accounts Payable Aging** (Detailed by Invoice and Aged by Invoice Date)
- **Most recent month-end Accounts Receivable Aging** (Detailed by Invoice and Aged by Invoice Date)
- **Customer List** (including contact names, addresses, phone & fax numbers)
- **One Complete Set of Invoice Paperwork** for an already paid Invoice (Purchase Order, Invoice and Proof of Delivery/Acceptance). If Company has multiple lines of business, please include one set for each line of business.
- **Monthly projections for the remaining months in the current fiscal year**

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- **Annual projections for the next fiscal year**

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