



APPLICATION FOR LINE OF CREDIT

I. Business Information

Legal Business Name:									
Assumed Name (dba)									
Business Street Address:									
City:		State:		Zip:		Location:	Rented	Owned	
Mailing Address:									
Phone:		Fax:		E-mail:					
Form of Entity:	C-Corp	S-Corp	LLC	Partnership	Sole Proprietor				
Date Formed:		State:		Tax ID:		Number of Employees:			
Line of Business:									
How were you referred to Advantage?									

II. Business Ownership/Principal(s) Information

Name:					Title:				Ownership %:	
Home Street Address:										
City:		State:		Zip:		Home is:	Rented	Owned		
Hm Ph:		Cell Ph.		E-mail:						
DL #:		State Issued:		Exp.Date:		SSN:		DOB:		

Name:					Title:				Ownership %:	
Home Street Address:										
City:		State:		Zip:		Home is:	Rented	Owned		
Hm Ph:		Cell Ph.		E-mail:						
DL #:		State Issued:		Exp.Date:		SSN:		DOB:		

Name:					Title:				Ownership %:	
Home Street Address:										
City:		State:		Zip:		Home is:	Rented	Owned		
Hm Ph:		Cell Ph.		E-mail:						
DL #:		State Issued:		Exp.Date:		SSN:		DOB:		

Name:					Title:				Ownership %:	
Home Street Address:										
City:		State:		Zip:		Home is:	Rented	Owned		
Hm Ph:		Cell Ph.		E-mail:						
DL #:		State Issued:		Exp.Date:		SSN:		DOB:		

III. Bank/Credit/Supplier Information

Primary Bank:					Officer:				Telephone:	
Street:					City:				State:	Zip:
Debt outstanding:										
Lender:					Balance:				Collateral:	
Lender:					Balance:				Collateral:	
Lender:					Balance:				Collateral:	

List two major suppliers:										
Supplier:					Balance:				Telephone:	
Supplier:					Balance:				Telephone:	

IV. Receivable Information

Amount of receivables outstanding:		Receivables generated from:		Sale of Goods		Services
A/R balance of largest Customer:		Avg. monthly sales:		No. of active accounts:		
Terms of Sale:		Average age of A/R when paid:		Avg Invoice Amount:		
Are you currently factoring?		If yes, with whom:				
Do receivables serve as collateral?		If yes, with whom:				
Have you ever factored receivables?		Do you invoice using progress billing?				
Do you invoice for consigned goods?		Is invoicing performed through company accounting software?				
Average number of invoices per month?		Average number of credit memos per month?				
What is the purpose of the funds to be generated from financing?						

V. Tax Information

Federal or state payroll tax deposits past due?	Federal or state business taxes past due?
Any federal or state payroll tax reporting past due?	Do you use a payroll service?
Judgments, lawsuits or liens filed against the company?	Judgments, lawsuits or liens filed against the officers?
Has the company ever filed for bankruptcy?	Have any of the owners ever filed for bankruptcy?
If yes to any of these questions, please list amounts and explain:	

VI. Getting Started

Fill out this application and submit it with the following supporting documentation for initial term review:

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|----|--|
| 1. | Current Accounts Receivable Aging Report, plus sample copy of open invoice(s) to be factored |
| 2. | Current Accounts Payable Aging Report |
| 3. | Customer list showing complete names and addresses (if not listed on aging) |
| 4. | Current Financial Statements (last year-end and most recent interim) |

Prior to the initial funding, we may also need additional documentation, including the following:

- | | | | |
|----|--|-----|--|
| 5. | Entity Formation documents | 8. | Personal Financial Statement of principals |
| 6. | Assumed Name Certificate (if applicable) | 9. | Last filed principal(s) personal income tax return |
| 7. | Quarterly 941 payroll tax returns and proof of payment | 10. | Last filed company income tax return |

VII. Credit Authorization

The above statements are true and representative of the business to the best of my knowledge. The undersigned understands that First Capital Financial Group, LLC (First Capital) will rely upon all of the foregoing and attached information. I authorize First Capital, its funding sources, agents and/or assigns to obtain financial and credit reports as needed to process this application. I further authorize First Capital, its funding sources, agents and/or assigns to contact any other parties it may deem necessary for its verification of this Application including obtaining consumer credit reports and agree to hold them harmless from and against any claims, direct or indirect, that may result from receiving such information.

Owner(s) Signatures:

Signature:	Printed Name:	Date:
Signature:	Printed Name:	Date:
Signature:	Printed Name:	Date:
Signature:	Printed Name:	Date: