



Application Date _____ Urgency: High ☐ Medium ☐ Low ☐

General Company Information

Legal Name of Company: _____
Legal Form of Business ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐ Other Years in Business: _____
State of Organization: _____ Federal Tax ID#: _____ # of Employees: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Trade Name DBA: _____
Other States of Operations: _____
Primary/Physical Business Address: _____
Has the company moved locations in the past years? Yes ☐ No ☐ If yes, please explain: _____
Has the company ever filed for bankruptcy? Yes ☐ No ☐ If yes, please explain: _____
Primary Contact Regarding this Application: _____ Title: _____
Business Phone (Direct): (_____) _____ Business Phone (Main): (_____) _____
Cell Phone: (_____) _____ Fax: (_____) _____
E-Mail: _____ Website: _____
Briefly Describe the nature of your products or services: _____

Background Information (Please Explain any "Yes" Answers)

Are there any loans, private or commercial, now outstanding?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain:
Are there any Judgments, Liens, or Bankruptcy Filings now pending, in effect or discharged against the company or owners?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain:
Are there any Federal or State taxes, including Payroll Taxes, delinquent?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain:
Do you use a payroll service such as ADP, Paychex or your bank?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain:
Has the Company ever operated under a different name?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain:
Do you have ownership in any other companies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain:
Are there any personal or real property taxes due?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain:
Have your income tax returns ever been questioned by any government agency?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain:

List of Officers, Owners, and Partners

Officer/Owner/Partner #1

Name: _____ Position/Title: _____
Ownership %: _____ Date of Birth (xx/xx/xxxx): _____ SSN: _____
Home Address: _____ City: _____ State: _____ Zip Code: _____
Telephone#: (_____) _____ E-Mail: _____
Driver's License #: _____ State Issued: _____
Spouse's Name: _____

Officer/Owner/Partner #2

Name: _____ Position/Title: _____
Ownership %: _____ Date of Birth (xx/xx/xxxx): _____ SSN: _____
Home Address: _____ City: _____ State: _____ Zip Code: _____
Telephone#: (_____) _____ E-Mail: _____
Driver's License #: _____ State Issued: _____
Spouse's Name: _____

Are there any additional owners? Yes ☐ No ☐

Please list, if yes (name and % owned): _____

Accounts Receivable Information

Average Monthly Sales (last 12 months)	
Accounts Receivable	
Average Invoice Size (Value)	
Amount of Financing Required	
Average # of Invoices Per Month	
Standard Terms of Sales	
Any Terms over Net 60	
Write Off % (last 12 months)	
Average Days to Collect	

Do any customers have any extended terms or special agreements? Yes ☐ No ☐ If yes, please explain: _____

Are any of your Accounts Receivables currently pledged as collateral? Yes ☐ No ☐ If yes, please explain: _____

Is business currently or has it previously factored its receivables? Yes ☐ No ☐ If yes, whom: _____

Do you bill in Progress stages? Yes ☐ No ☐ Are any of your sales Bill and Hold? Yes ☐ No ☐

Intended Use of Funds: _____

Banking Information

Name of Financial Institution: _____

Bank Contact Name: _____ Phone: (____) _____ E-Mail: _____

Address: _____ How Long With This Bank: _____

Types of Accounts: _____ Checking ☐ Savings ☐ Others: _____

Attorney Relationship

Firm:	Contact:
City/State:	Telephone:

Accountant Relationship

Firm:	Contact:
City/State:	Telephone:

Please Attach the Following Required Documentation

- ☐ Copies of Articles of Incorporation, Partnership Agreement, Articles of Organization, By-laws, or Operating Agreement.
- ☐ Current detailed listing and aged summary for Accounts Receivable and Accounts Payable. Detail listing to include all customer names, addresses, and phone numbers.
- ☐ Copy of Driver's License for All Owners.

Statement of Accuracy

The statements made in and documents attached to this application are true and accurate to the best of my/our knowledge and belief.

Authorization to Obtain Information

I/We authorize Tacoma Capital, Inc. to obtain whatever information regarding employment, bank accounts, and/or outstanding credit (mortgage, auto, personal, home improvement, credit cards, etc.) that Tacoma Capital, Inc. deems necessary in connection with this application or in the course of review or collection of any credit extended in reliance on this application. I/We authorize and instruct any consumer credit agency, commercial credit reporting agency, business or person to compile and furnish Tacoma Capital, Inc. any such information regarding us or our business(es) as may be requested by Tacoma Capital, Inc. and agree that such information, along with this application shall remain Tacoma Capital, Inc. property whether or not the application is approved.

This authorization will be valid for a period of two years from the date below or as long as applicant has an outstanding balance with Tacoma Capital, Inc. A photocopy of the authorization will be valid as the original. You authorize Tacoma Capital, Inc. to verify or check any information given, including credit references and to obtain credit bureau reports as Tacoma Capital, Inc. deems necessary.

*Signature: _____ *Date: _____

*Signature: _____ *Date: _____

For Faster Funding, Please Provide the Following

- ☐ Financials including Profit & Loss, Balance Sheet, and Cash Flow for the prior 2 years and YTD Current.
- ☐ Business Tax Returns (last 2 years, Form 1065 LLC, Individual 1040, Corporate Form 1120).
- ☐ Business Bank Statements for all accounts (last 3 months).
- ☐ Copy of Invoices to be factored plus supporting documentation (i.e. customer acceptance, delivery confirmation, time sheets, or performance proof).
- ☐ Copy of Signed Contract Corresponding with Invoice to be factored.
- ☐ Proof of Insurance (Liability, Workers Compensation).
- ☐ Previous four Payroll Tax Filings (Form 941 & 940) if applicable.