



Fax completed form to (813) 341-3655 or Email to mfussell@aegisbusinesscredit.com

Questions, call Mike Fussell (813) 341-3655 x 144

COMPANY INFORMATION:

Company Name: _____

DBA's or Affiliates: _____

Main Office Address: _____

Mailing Address: _____

Phone #: _____ Fax #: _____

Email Address/ Web Address: _____

Corporation Partnership LLC Sole Proprietorship Year incorporated _____

Federal Tax ID #: _____

FINANCIAL INFORMATION:

Total Annual Revenues: \$ _____

Est. Annual (\$) of Funding Need: \$ _____

States Conducting Business: _____

Branch Locations (please include address, phone and fax numbers):

Bank Reference (include contact name, address and phone number):

List 3 Major Vendor References (include contact name, address and phone number):

1) _____

2) _____

3) _____

Professional References (i.e. accountant, attorney) (include name, address and phone number):

1) _____

2) _____

ACCOUNTS RECEIVABLE INFORMATION:

Are your accounts receivables subject to any liens, assigned or pledged to any secured party?

No _____

If Yes, explain (list secured parties and dates of filing): _____

Average number of invoices per months: _____, Average invoice amount \$ _____

Annual bad debt write off \$ _____,

Who have you written off in last 12 months: _____

Do you deliver from Purchase Orders? _____ Do you work from contracts? _____

Any progressive billings, Consignment sales, or guaranteed sales?

If Yes, explain: _____

BACKGROUND - FILINGS

Has the Company or any of its Officers and/or Directors filed for Bankruptcy? _____

Are there any Outstanding Tax Liabilities or Judgments? No

If Yes, explain: _____

Has the Company or any of its Officers and/or Directors filed for Bankruptcy in the past seven years? No: _____

If Yes, Explain: _____

Have any of the Officers and/or Directors been convicted, plead guilty or no-contest to a crime?

No: _____

If Yes, Explain: _____

Other Comments: _____

PAYROLL INFORMATION

How much is your average weekly payroll? _____

Please provide a copy of the last month's payroll (ie copies of bank statement with withdrawals or ACH from payroll company).

Are all payroll taxes paid and current? _____ If No, Explain: _____

For each shareholder, partner or member that has ownership of 25% or more or any individuals that controls the day to day operations of the business:

Name	
Address	
City	
Zip	
Social Security #	
DOB	
Email	

Name	
Address	
City	
Zip	
Social Security #	
DOB	
Email	

Name	
Address	
City	
Zip	
Social Security #	
DOB	
Email	

I/ We certify that the information above is true and correct and authorize Aegis Business Credit, LLC to perform credit and criminal background checks as they deem necessary. I also understand that Aegis Business Credit shall file a UCC lien on the assets of the company; should a financing arrangement not be closed, the lien shall be terminated upon Aegis Business Credit's reimbursement for direct costs incurred during the underwriting and documentation process.

Signature: _____ Title: _____ Date: _____

Shareholders:

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____