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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| APPLICANT / LEGAL BUSINESS NAME | | | | | | | | | TYPE OF ENTITY | | | | | | | PHONE | | | | | | FAX | | | |
| STREET ADDRESS | | | | | | | | | CITY | | | | | | | STATE | | | | | | ZIP | | | |
| TYPE OF BUSINESS (PRODUCTS/SERVICES) | | | | | | | | | COUNTY LOCATION | | | | | | | | | | STATE OF INCORPORATION | | | | | | |
| DATE BUSINESS STARTED | | FEDERAL TAX I.D. (EIN #) | | | | | | | DUNS # | | | | | | | | | | M.C. # (TRUCKING ONLY) | | | | | | |
| **ACCOUNTS RECEIVABLE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL OPEN A/R  $ | 0-30 DAYS OLD  $ | | | | | | 31-60 DAYS OLD  $ | | | | | 61-90 DAYS OLD  $ | | | | | | | | | 91 DAYS OLD OR MORE  $ | | | | |
| **TOP 6 DEBTORS** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Debtor Name** | | **Total A/R** | | | | **Over 90 days** | | | **Debtor Name** | | | | | | | | | **Total A/R** | | | | | | | **Over 90 days** |
| 1. | | $ | | | | $ | | | 4. | | | | | | | | | $ | | | | | | | $ |
| 2. | | $ | | | | $ | | | 5. | | | | | | | | | $ | | | | | | | $ |
| 3. | | $ | | | | $ | | | 6. | | | | | | | | | $ | | | | | | | $ |
| AVG. MONTHLY SALES  $ | | | | AVG. INVOICE VALUE (approx.)  $ | | | | | | | | | | | | AVG. NO OF INVOICES MONTHLY | | | | | | | | | |
| TOTAL NO. OF CUSTOMERS | | | | AVG. NO OF CUST’RS SOLD TO MONTHLY | | | | | | | | | | | | STANDARD TERMS OF SALE | | | | | | | | | |
| SALES GENERATED THRU (Check all that apply)  ▢ Purchase Order ▢ Contract ▢ Other | | | | | | | | | WHEN DO YOU RAISE INVOICE?  ▢ When Shipped ▢ When Delivered (inc Service) ▢ Progress | | | | | | | | | | | | | | | | |
| FACILITY REQUIRED  $ | | | | CHARGE OFF PERCENTAGE LAST 12 MTHS        % | | | | | | | | | | | | AVG NO. OF DAYS TO COLLECT | | | | | | | | | |
| **ACCOUNTS PAYABLE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL OPEN A/P  $ | 0-30 DAYS OLD  $ | | | | | | 31-60 DAYS OLD  $ | | | | | 61-90 DAYS OLD  $ | | | | | | | | | 91 DAYS OLD OR MORE  $ | | | | |
| **FURTHER BACKGROUND** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there any commercial loans outstanding? | | | | | | | | ▢ No | | | ▢ Yes Details: | | | | | | | | | | | | | | |
| Has the company previously factored or pledged it’s a/r as collateral? | | | | | | | | ▢ No | | | ▢ Yes Details: | | | | | | | | | | | | | | |
| Are there any delinquent taxes (Federal, State or Payroll)? | | | | | | | | ▢ No | | | ▢ Yes Details: | | | | | | | | | | | | | | |
| Has any of the company Owners / Officers been convicted of a felony? | | | | | | | | ▢ No | | | ▢ Yes Details: | | | | | | | | | | | | | | |
| Has the company or any of its Owners/Officers ever filed for bankruptcy? | | | | | | | | ▢ No | | | ▢ Yes Details: | | | | | | | | | | | | | | |
| Has the company ever operated under a different name? | | | | | | | | ▢ No | | | ▢ Yes Details: | | | | | | | | | | | | | | |
| **OWNERSHIP INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| OFFICER / OWNER NAME | | | | | | | TITLE | | | | | | | | % OWNERSHIP | | | | | SOCIAL SECURITY NUMBER | | | | | |
| ADDRESS | | | CITY | | | | | | | STATE | | | ZIP | | | | HOME TEL. # | | | | | | | DATE OF BIRTH | |
| OFFICER / OWNER NAME | | | | | | | TITLE | | | | | | | | % OWNERSHIP | | | | | SOCIAL SECURITY NUMBER | | | | | |
| ADDRESS | | | CITY | | | | | | | STATE | | | ZIP | | | | HOME TEL. # | | | | | | | DATE OF BIRTH | |
| OFFICER / OWNER NAME | | | | | | | TITLE | | | | | | | | % OWNERSHIP | | | | | SOCIAL SECURITY NUMBER | | | | | |
| ADDRESS | | | CITY | | | | | | | STATE | | | ZIP | | | | ADDRESS | | | | | | | DATE OF BIRTH | |
| **AUTHORIZATION SIGNATURES OF EACH OWNER / APPLICANT** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each of the undersigned owner(s) submit this application for a financing facility on behalf of the applicant business. Each of the undersigned certify that there are no misrepresentations in this application or in any documents submitted in connection therewith, that all such information and documentation submitted is true, complete and accurate and does not omit any material information. The undersigned each agree that any funds made available pursuant to a financing facility will used only for the applicant’s working capital and not for any illegal purpose. By each undersigned’s signature below, PNA Finance, LLC (“PNA Finance”) is hereby authorized to obtain (i) a consumer credit report through a credit agency chosen by PNA Finance for purposes of PNA Finance’s due diligence as part of the credit approval process of the financing facility for the applicant; and (ii) information from any third party and to make any other investigation of credit, either directly or indirectly through any agent of PNA Finance on applicant and/or each of the undersigned. Each of the undersigned grants permission for the release and/or disclosure of financial information to a credit reporting agency or other third party as to PNA Finance’s experience or transactions with applicant and/or the undersigned. Each of the undersigned understands that PNA Finance will retain and rely on this application and any other credit or financial information PNA Finance receives, even if a financing facility is not approved. These representations and authorizations and the documents submitted in connection with or related to this application and any potential facility may be relied on by PNA Finance, any insurer of credit and any third party to whom PNA Finance may sell / assign all or part of a financing facility. The undersigned each further authorize PNA Finance to provide and/or disclosure to any such insurer or third party any information and documentation that such party may request with respect to the application or facility. If an adverse decision is made, in whole or in part, due to the information on a consumer report, a summary of the respective undersigned’s rights under the Fair Credit Reporting Act and the source of the information will be provided by PNA Finance. | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE | | | | | NAME | | | | | | | | | TITLE | | | | | | | | | DATE | | |
| SIGNATURE | | | | | NAME | | | | | | | | | TITLE | | | | | | | | | DATE | | |
| SIGNATURE | | | | | NAME | | | | | | | | | TITLE | | | | | | | | | DATE | | |

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| **SUPPORTING DOCUMENTATION (please include the following with your application)** | |
| ▢ CURRENT ACCOUNTS RECEIVABLE AGING -Detailed/Invoice Level | ▢ COMPANY FINANCIAL STATEMENT – LAST 2 YEARS & INTERIM |
| ▢ CURRENT ACCOUNTS PAYABLE AGING | ▢ PERSONAL FINANCIAL STATEMENT FOR EACH OWNER |
| ▢ MASTER CUSTOMER LIST WITH CONTACT DETAILS | ▢ ARTICLES OF INCORPORATION |
| ▢ SAMPLE OF 3 INVOICES WITH SUPPORTING DOCUMENTATION  (i.e. CONTRACTS, PURCHASE ORDERS, TIME SHEETS, POD’s) | ▢ COPY OF ID FOR EACH OWNER (DRIVERS LICENSE /PASSPORT) |
| ▢ COMPANY BROCHURES / LITERATURE |