

BUSINESS APPLICATION

COMPANY PROFILE			
Full Legal Name of Business		Phone	
Other Trade Name(s)/DBA's of Business		Fax	
Address		Date Established	
City, State, Zip	County	Email	
Line of Business (Describe)		<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Individual
Number of Employees		Number of Independent Contractors	
Prior Business Name(s) in Past Five Years		State of Incorporation/LLC	
OWNERS/OFFICERS/LLC MEMBERS Please account for 100%			
1. Name		Title	
Home Address, City, State, Zip		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Drivers License #	State	Percentage of Ownership	
Social Security #	Date of Birth	Home Phone	
2. Name		Title	
Home Address, City, State, Zip		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Drivers License #	State	Percentage of Ownership	
Social Security #	Date of Birth	Home Phone	
3. Name		Title	
Home Address, City, State, Zip		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Drivers License #	State	Percentage of Ownership	
Social Security #	Date of Birth	Home Phone	
FINANCIAL INFORMATION			
Business Bank		Phone	
Complete Address		Acct. #	
Federal Tax I.D. Number		State Tax I.D. Number	
Any taxes past due? (Y/N)	Amt.: \$	Agency	Installment Agreement (Y/N)
Last 941 Filing: / /	Amt.: \$		
PERSONAL REFERENCES			
Nearest Relative		Phone	Relationship
Home Address, City, State, Zip			
Name		Phone	Relationship
Home Address, City, State, Zip			
BUSINESS LOANS			
1. Lender		Amount Owed	Collateral
2. Lender		Amount Owed	Collateral

ACCOUNT INFORMATION

A/R Outstanding		Average Monthly Sales \$	
Average Invoice Amount \$	Approximate # of Accounts	Terms of Sale	
Amount you intend to factor on a monthly basis \$		How soon do you plan to start factoring?	
Have you ever factored before?	With whom?		

CUSTOMER LIST Please list the 5 largest customers you wish to factor

NAME	ADDRESS, CITY, STATE, ZIP	PHONE	APPROX. MO SALES
1.			
2.			
3.			
4.			
5.			

TRANSPORTATION COMPANIES Please provide the following

MC #	US DOT #	State Authority #
Check all that apply to your business <input type="checkbox"/> Common Carrier <input type="checkbox"/> Contract <input type="checkbox"/> Broker <input type="checkbox"/> Other		
# Company Drivers Used	# Owner Operators Used	# Brokers Used
# Power Units Owned	# Trailers Owned	
# Power Units Leased	# Trailers Leased	
Fuel Supplier Name and Address		
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Deposit Account <input type="checkbox"/> Wire <input type="checkbox"/> Other		
Frequency of Payments: <input type="checkbox"/> Daily <input type="checkbox"/> Semi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Other		

DOCUMENTATION The following must be provided to OCF in order to process your application

Organizational Documents	
<input type="checkbox"/> Articles of Incorporation (CORPS) <input type="checkbox"/> Statement of Domestic Stock (CORPS) <input type="checkbox"/> Articles of LLC (LLC) <input type="checkbox"/> Partnership Agreements (Partnership) <input type="checkbox"/> DBA Filings/Fictitious Business Filings	
<input type="checkbox"/> Copy of Drivers License of each owner	<input type="checkbox"/> Copy of completed invoice with supporting documents and/or contracts
<input type="checkbox"/> Accounts Receivable Aging & Accounts Payable Aging	<input type="checkbox"/> Business License
Transportation companies please include copies of the following:	
<input type="checkbox"/> Authority <input type="checkbox"/> Bond Information <input type="checkbox"/> Insurance Certificate <input type="checkbox"/> Contracts Used for Brokers and/or Owner Operators	

Who referred you to Olympic Credit Fund, Inc.? _____

The undersigned hereby declares that the information provided in this application is true and correct to the best of his/her knowledge. The undersigned without further notice hereby authorizes Olympic Credit Fund, Inc. to make whatever inquiries deemed necessary concerning the parties listed herein for the purpose of evaluating this application. Olympic Credit Fund, Inc. is also authorized to provide any and all credit information relating to the parties herein to other creditors and/or credit reporting agencies. Applicant represents that applicant will use any and all monies borrowed primarily for the purpose other than personal, family or household usage. All applicants must sign and date below.

Date _____ Signature _____ Title _____
Date _____ Signature _____ Title _____
Date _____ Signature _____ Title _____