



Confidential Business & Personal Application

Legal Business Name:				Date of Application:			
Street Address:					Years In Business:		
City:		State:		Zip:			
Business Phone:		Business Fax:		E-mail Address:		Web Site:	
Partnership: <input type="checkbox"/>		Sole Proprietor: <input type="checkbox"/>		LLC: <input type="checkbox"/>		S Corp: <input type="checkbox"/>	
C Corp: <input type="checkbox"/>							
Other Business Names (DBA's):							
What Percent of Above Business Do You Own?				Your Title:			
Date of Incorporation:		State of Incorporation:		Tax ID Number:			
Additional Owner's Name(s)				Title		Percent of Business Owned	
Your Certified Public Accountant:					Phone:		
Are You Currently: <input type="checkbox"/> Self-Funded <input type="checkbox"/> Bank Financed <input type="checkbox"/> Factored <input type="checkbox"/> Funded <input type="checkbox"/> Other							
Current Lender:			Percentage Advanced:		Available Credit Line: \$		
Check All That Apply: <input type="checkbox"/> Liens <input type="checkbox"/> Judgments <input type="checkbox"/> Lawsuits <input type="checkbox"/> Back Taxes <input type="checkbox"/> None Apply							
Employee Breakdown		TOTAL		1099's		W-2	
Is Payroll Outsourced? Yes <input type="checkbox"/> No <input type="checkbox"/>				Name of Company			
Are All Payroll Taxes Current? Yes <input type="checkbox"/> No <input type="checkbox"/>		Delinquent? \$		Agency: <input type="checkbox"/> Federal <input type="checkbox"/> State			
Receivables Balance	1-30 Days:		31-60 Days:		61-90 Days:		Total:
Average A/R Days Outstanding (DSO):							
Do Your Clients Approve Work By: <input type="checkbox"/> Signed Timecard <input type="checkbox"/> Electronically <input type="checkbox"/> Other							
Can You Supply Timecards For Each Invoice?							
How Soon Would You Like To Start Funding?							

240909

One Park Place, 6148 Lee Highway, Suite 210, Chattanooga, Tennessee 37421
 Phone: 423-510-0232 – Fax: 423-510-9219
 Website: www.eaglefinancialinc.com

Sales Information

Total Billing/Volume Last Year: \$				Year-To-Date Billing Volume: \$				
Current Monthly Billing Volume: \$				Current Monthly Payroll Volume: \$				
Number of Current Clients:			Average Gross Profit: _____ %			Average Mark Up: _____ %		
Placement Breakdown	Contract Consultants	Technical	Clerical	Light Industrial	Professional	Medical	Locum Tenens	Other
	%	%	%	%	%	%	%	%

Personal Information

Legal Name:			Social Security #:			Date of Birth:		
Home Address:				City:		State:		Zip:
Home Phone: () -		Email Address:			How Long At Current Address:			
Previous Address (If At Current Less Than Five Years):								
Spouse's Name:			Social Security #:			Date of Birth:		
Employment History								
From	To	Name & Location of Company			Position		Last Annual Earnings	
		/					\$	
		/					\$	
Current Annual Income			Applicant			Spouse		
Salary			\$			\$		
Bonuses & Commissions			\$			\$		
Other Income			\$			\$		
Total			\$			\$		
If You Answer Yes To Any Question Below, Please Attach An Explanation.								
Are You Now, Or Have You Ever Been A Party To Any Litigation?						<input type="checkbox"/> Yes		<input type="checkbox"/> No
Have You Ever Declared Bankruptcy?						<input type="checkbox"/> Yes		<input type="checkbox"/> No
Are There Any Unsatisfied Judgments Or Tax Liens Against You?						<input type="checkbox"/> Yes		<input type="checkbox"/> No
Are You A Guarantor On Any Loans, Leases, Or Contracts?						<input type="checkbox"/> Yes		<input type="checkbox"/> No

Personal Liquid Asset Detail

Banking (Checking And Personal Savings Accounts)				
Bank Name/Location	Account Number	Bank Officer's Name	Phone Number	Current Balance
				\$
				\$
				\$
			Total	\$

Personal Liquid Asset Detail Continued

Cash On Hand And Other Liquid Assets				
Description of Assets				Current Balance
Business Accounts Receivables That You Are Personally Funding				\$
Other – Explain				\$
Total				
Mutual Funds, Stocks, Bonds, U.S. Government Securities, And Real Estate				
Description	Due Date	Broker's Name	Phone Number	Current Balance
401(K), Retirement Funds, IRA				\$
Investment Property				\$
Home Value				\$
Total				\$
TOTAL PERSONAL ASSETS				Total
				\$

Personal Liabilities Detail

Notes And Loans Payable That You Owe (Including Real Estate)				
Payee Name	Loan Number	Maturity Date	How Guaranteed	Current Balance
				\$
				\$
				\$
Total				\$
Other Liabilities (Include Credit Cards)				
Description				Current Balance
				\$
				\$
Home Mortgage (Including Equity Loans)				\$
Total				\$
TOTAL PERSONAL LIABILITIES				Total
				\$

Total Personal Assets <u>Minus</u> Total Personal Liabilities	Total Net Worth	\$
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The statements contained in this credit application are true, factual and accurate to the best of my knowledge and belief. This serves as authorization for the release of any information to Eagle Financial, Inc. for the purpose of its credit investigation associated with this application.

Signature	Date	Spouse's Signature	Date
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