

Information Sheet to enter a Security Agreement for Financial Services

1. Business Name (as shown on Articles of Incorporation or Partnership Agreement) _____
_____ 2. Date Established _____
3. Street Address _____ 4. County _____
5. City _____ State _____ Zip _____ 6. Phone (____) _____
Fax(____) _____ E-Mail _____ 7. Type of Business _____
8. If doing business in more than one place, list additional addresses _____

9. Does the business use a fictitious name? ___ Yes ___ No If yes, where is it filed? _____
10. What is the fictitious name? _____
11. State of incorporation? _____
12. A copy of Articles of Incorporation and/or fictitious business name filing is provided ___ Yes ___ No
13. If a partnership, where has partnership agreement been filed? _____

PRINCIPALS

Please Circle One

14. President, sole proprietor, or senior partner Name _____ DL# _____
Home Street Address _____
City, State, Zip _____ Social Security # _____
% Owned ___ Own ___ Rent ___ Home Phone (____) _____ D.O.B _____

Please Circle One

15. Secretary or other partner Name _____ DL# _____
Home Street Address _____
City, State, Zip _____ Social Security # _____
% Owned ___ Own ___ Rent ___ Home Phone (____) _____ D.O.B _____

Please Circle One

16. Other officer, shareholder, or partner Name _____ DL# _____
Home Street Address _____
City, State, Zip _____ Social Security # _____
% Owned ___ Own ___ Rent ___ Home Phone (____) _____ D.O.B _____

Please Circle One

17. Other officer, shareholder, or partner Name _____ DL# _____
Home Street Address _____
City, State, Zip _____ Social Security # _____
% Owned ___ Own ___ Rent ___ Home Phone (____) _____ D.O.B _____

SUPPORT INFORMATION

18. Name of Accountant _____ Firm _____
Street Address, City, State, Zip _____ Phone (____) _____
19. Name of Attorney _____ Firm _____
Street Address, City, State, Zip _____ Phone (____) _____
20. Name of Insurance Agent _____ Firm _____
Street Address, City, State, Zip _____ Phone (____) _____

GENERAL INFORMATION

21. Federal Identification Number _____ Number of Employees _____
22. How often do you file 941 payroll taxes? Weekly _____ Monthly _____ Quarterly _____ Yearly _____
23. Do you have any Federal or State taxes past due? Yes _____ No _____ If yes, has lien been filed? Yes _____ No _____
Do you have any outstanding Judgements? Yes _____ No _____ If yes, how much? _____
24. How often are financial statements prepared? _____ (Please attach most recent copies.)
25. Does your business require special local, state or federal license or permit? Yes _____ No _____
If yes, please list, including the ID number _____
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BANKING INFORMATION

BUSINESS CHECKING ACCOUNT

26. Name of Bank _____ How long with bank? _____
27. Street Address, City, State, Zip _____
28. Account No. _____ Name of Bank Officer _____ Phone (____) _____

BUSINESS LOAN ACCOUNT

29. Name of Financial Institution _____ How long with institution _____
30. Street Address, City, State, Zip _____
31. Type and Amount of Loan _____ Type of Collateral _____
PERSONAL ACCOUNT OF _____ President _____ Proprietor _____ Partner _____ Secretary _____

32. Name of Bank _____ Account No. _____
33. Street Address, City, State, Zip _____ Checking _____ Savings _____
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SUPPORT INFORMATION

34. Amount of Receivables Now Open? _____ Average Monthly Sales? _____
35. Approximate No. of Accounts? _____ Terms of Sales _____
36. Do you factor now or have you factored before? Yes _____ No _____
37. If yes, with what company? _____
38. Are your receivables pledged as collateral? Yes _____ No _____
39. If yes, to whom pledged? _____
40. Any other Commercial Loans/Leases Outstanding? Yes _____ No _____ Amount _____
41. If yes, to whom and what pledged? _____

**If additional space is required, please list on separate sheet.*

SUPPLIER INFORMATION

42. LIST OF PRINCIPAL SUPPLIERS

- | Name | What do they supply? | Phone |
|----------|----------------------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
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CUSTOMER INFORMATION

43. Name	Address	Phone	Credit Line
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

44. Amount you intend to factor on a monthly basis _____

45. An Accounts Receivable Ageing or ledger sheet is hereby provided. Yes ____ No ____

46. Are you presently leasing your business space? Yes ____ No ____

Name of Landlord and/or management company.

Name _____

Address _____

City, State, Zip _____

Telephone No. (____) _____

Term of present lease _____

Amount of monthly rental \$ _____

47. Are you currently under the protection of the United States Bankruptcy Laws? _____

48. Why do you want to finance your Accounts Receivable? _____

49. Please list any other companies you feel may benefit from our program _____

50. Who referred you to us? _____

PERSONAL REFERENCES

(KNOWN FOR AT LEAST TWO YEARS)

NAME	ADDRESS	PHONE NUMBER
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NAME	ADDRESS	PHONE NUMBER
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NAME	ADDRESS	PHONE NUMBER
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NAME	ADDRESS	PHONE NUMBER
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NAME OF NEAREST RELATIVE NOT LIVING WITH YOU	ADDRESS	PHONE NUMBER
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BUSINESS REFERENCES

(CUSTOMERS ONLY)

COMPANY NAME	INDIVIDUAL	ADDRESS	PHONE NUMBER
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COMPANY NAME	INDIVIDUAL	ADDRESS	PHONE NUMBER
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COMPANY NAME	INDIVIDUAL	ADDRESS	PHONE NUMBER
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COMPANY NAME	INDIVIDUAL	ADDRESS	PHONE NUMBER
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COMMENTS

This serves as my permission for the release of any information regarding this application for the purposes of credit investigation of myself or the company I represent. Please begin the verification and remittance address change process for the accounts receivable submitted to you in order for us to qualify as a client. The above statements are true and accurate to the best of my information and belief.

Dated _____, 20__

Signed _____

Title _____

Date _____

Signed _____

Title _____

Date _____

Signed _____

Title _____

Date _____

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