

# CREDIT APPLICATION

rwilliamson@wilcocap.com

<b>COMPANY INFORMATION</b>			
Legal Business Name		Federal Tax ID Number	
Street Address		Aug, 2012	
City	State	Zip Code	County
Primary Phone Number			MC Number NA
Alternate Phone Number		Type Authority NA	
Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> "S" <input type="checkbox"/> "C", <input checked="" type="checkbox"/> LLC, <input type="checkbox"/> Partnership, <input type="checkbox"/> Sole Proprietor			
E-Mail Address	Na	Na	Na
Pending Liens/Judgments? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Explain)	Current On All Taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, Explain)	Ever Filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Date Filed)	
<b>BANKING INFORMATION</b>			
Name of Bank	Account Number	Phone Number	
Branch Office	Contact / Officer	Fax Number	
<b>BUSINESS &amp; CREDIT REFERENCES</b>			
(1) Lender / Credit Reference	Account Number	Phone Number	
Reference Description		Fax Number	
(2) Lender / Credit Reference	Account Number	Phone Number	
Reference Description	Contact	Fax Number	
<b>ACCOUNTS RECEIVABLE SUMMARY</b>			
Average Monthly Sales	Accounts Receivable Balance	Average Invoice Amount	Number of Active Customers
Do You Currently Finance / Factor Your Receivables? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(If Yes, Company)	Contact	Phone	
Do You Have a Bank Line of Credit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(If Yes, Company)	Contact	Phone	
How Frequently Are Invoices Generated?		Are Invoices Generated Prior to Receiving Signed BOL? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Explain)	
<p>This application authorizes Wilco Capital to verify with third parties in any manner it deems appropriate. Your financial condition, credit history, assets and any items indicated on this or other statements provided to Wilco Capital by our organization, its officers, directors or principals and; authorizes Wilco Capital to conduct any and all references and background investigations related to our respective character and reputation and hereby irrevocably release and holds harmless Wilco Capital from any claim of any kind related to or arising out of any such investigation. Wilco Capital will be promptly notify of any intended changes in the facts concerning our organization, name, places of business, authorities and other matters presented.</p>			
Signature:		Title:	Date:

**PERSONAL INFORMATION**

In conjunction with my application for credit with you, I understand that a financial investigation is being requested that may include, but not necessarily be limited to, information regarding business affiliations, background verification, verification of education and certifications, civil and criminal litigation histories, judgments, tax liens, and bankruptcies, credit histories, verification of information provided and other possible public records information available. I hereby authorize, without reservation, any law enforcement agency, administrator, state agency, institution, information service bureau or other public records provider or present or past employer contacted by Wilco Capital it designees, representatives, contractors, agents or assigns, to furnish the above-mentioned information. I further acknowledge that telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies. According to the Fair Credit Reporting Act, I am entitled to know if credit is denied because of information obtained by you from any consumer reporting agency. If so, I will be so advised and be given the source of information.

(1) Full Legal Name	Position	Social Security Number
Home Address	Date of Birth	
Ever Filed Bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Date)	Signature	Date

(2) Full Legal Name	Position	Social Security Number
Home Address	Date of Birth	Ownership Percent
City State Zip Code	Home Phone Number	Mobile Phone Number
Ever Filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Date)	Signature	Date

(3) Full Legal Name	Position	Social Security Number
Home Address	Date of Birth	Ownership Percent
City State Zip Code	Home Phone Number	Mobile Phone Number
Ever Filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Date)	Signature	Date

**ADDITIONAL INFORMATION REQUEST**

**Please Provide A Copy Of Each Of The Following:**

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|---|--|
| <ul style="list-style-type: none"> <li>• Customer List w/Address &amp; Phone Number</li> <li>• Most Recent Accounts Receivable Aging Report</li> <li>• Most Recent Balance Sheet &amp; Income Statement</li> <li>• Most Recent Federal Tax Return</li> <li>• Personal Guarantor(s) Financial Statement</li> <li>• IRS Tax ID# Verification Document</li> <li>• Last 3 months Bank Statements</li> </ul> | <ul style="list-style-type: none"> <li>• <u>Corporation</u> – Articles Of Incorporation</li> <li>• <u>LLC</u> – Articles of Organization/Operating Agreement</li> <li>• <u>Sole Proprietorship/Partnership</u> – Trade Name Filing</li> <li>• MC Operating Authority</li> <li>• Insurance Certificate</li> </ul> |
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