

CREDIT APPLICATION

COMPANY INFORMATION	Company's Full Legal Name ("Credit Applicant")				"Doing Business As" Name(s) (if applicable)				
	Federal Tax ID Number <input type="checkbox"/> Tax ID Number Pending			Date Organized		State Where Organized		Website	
	Physical Address (No P.O. Box)				City		State	Zip Code	
	Secondary Location Address (if applicable)				City	State	Zip Code		Area Code and Phone Number
	Entity Type <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Subchapter S Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Not-for-Profit								
	Website							MC # (if applicable)	
OWNERSHIP (≥ 20%)	1. Full Legal Name			Ownership %		SSN:		Date of Birth:	
	Title			Email		Cell #			
	2. Full Legal Name			Ownership %		SSN:		Date of Birth:	
	Title			Email		Cell #			
	3. Full Legal Name			Ownership %		SSN:		Date of Birth:	
	Title			Email		Cell #			
OFFICERS	Names and Position of Officers								
	1.				4.				
	2.				5.				
	3.				6.				
AFFILIATE OWNERSHIP	Does the Company have affiliated entities (parent company, subsidiary, affiliate)? <input type="checkbox"/> Yes – List each affiliated company's name and 100% of ownership below <input type="checkbox"/> No								
	Name:			Name:			Name:		
	Owners		Ownership	Owners		Ownership	Owners		Ownership
	1.		%			%		%	
	2.		%			%		%	
	3.		%			%		%	
4.		%			%		%		
LENDER & INSURANCE	Does the Company have Line of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below:								
	Lender:			Outstanding Balance:			Secured by:		
	Insurance Agent		Insurance Company	Bonding Agent		Bonding Company			

COMPANY OPERATIONS

Are their liens against the accounts receivable and inventory? No Yes – If Yes, to whom: _____

Has the business or any of its owners ever been in bankruptcy? No Yes – If Yes, who/when: _____

Business/owner current on payroll, Federal, and State taxes? No Yes – If No, how much owed and to whom: _____

Business/owner had a tax lien or judgment in the last 10 years? No Yes – If Yes, how much and when: _____

Is the business/ownership involved in any ongoing litigation? No Yes – If Yes, attach explanation.

Are there consignment or guaranteed sales? No Yes – If Yes, to whom: _____

Are there contra accounts? No Yes – If Yes, to whom: _____

Is there invoicing for progress, milestone, or partial orders? No Yes – If Yes, to whom: _____

Does the business have deferred revenue or customer deposits? No Yes – If Yes, how much and to whom: _____

Are sales completed under customer contracts? No Yes – If Yes, attach explanation.

What are the standard payment terms offered (Net 30, 60, etc.)? _____

Extend Terms offered (Net 75, 90, 120, etc.)? No Yes – If Yes, to whom and terms: _____

% Paid Ck: _____ % Paid ACH: _____ % Paid Wire: _____ Average # of invoices each month: _____

INVENTORY (if applicable):

Is inventory monitored on perpetual system? No Yes – If Yes, which one: _____

Is inventory maintained at business address(es) above? No Yes – If No, where: _____

Is any inventory customer specific? No Yes – If Yes, to whom: _____

Is there a landlord at the property at which inventory is held? No Yes - If Yes, then provide property address(es) below.

TRANSPORTATION ENTITIES ONLY:

Power Units in Fleet – Owned: _____ Leased: _____ Owner/Operator: _____

Trailer Units in Fleet – Owned: _____ Leased: _____ Owner/Operator: _____

Type of Carrier: Truckload LTL (less than load) Dry Van Refrigerated Flatbed Tanker Auto

Broker Authority? No Yes – If Yes, see below:

% of revenue brokered out: _____% % of revenue received from brokers: _____%

NOTICE AND SIGNATURES

NOTICE: The undersigned certifies that the above information given for credit purposes is true and correct and authorizes Equify Financial, LLC, its subsidiaries, and their assigns or potential assigns or any other lender that this application is submitted to (collectively "EQUIFY"), to investigate the references, statement, or other data listed or accompanying this application about the undersigned's accounts and credit experience. EQUIFY may receive from and disclose to other persons, including any credit bureau or investigative agency, information about the undersigned's accounts and credit experience. The undersigned authorizes all parties contacted to release credit and financial information requested as part of said investigation. This shall be a continuing authorization for all present and future disclosures of account information and credit experience on the undersigned by EQUIFY or any person requested to release such info to EQUIFY.

The Federal Credit Opportunity Act prohibits creditors from discriminating against credit applicants based on the basis of race, color, religion, national origin, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assist program, or because the applicant has n good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law or concerning this creditor is: Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580. If application for credit is denied, applicant may, within 60 days of being notified of the adverse action, submit a written request for the reasons for the denial and the reasons will be furnished in writing within receipt of applicant's request. Submit request to: Credit Manager, Equify Financial, LLC, 777 Main Street, Suite 3900, Fort Worth, TX 76102.

Consent For Use Of A Consumer Credit Report

Recognizing that the personal credit history of each Authorized Signer signing this Application may be a factor in the evaluation of the credit history or credit worthiness of the Credit Applicant or in the evaluation of the personal guarantee of the obligations of the Credit Applicant (if applicable), each Authorized Signer hereby authorize Equify Financial, LLC, and its subsidiaries, and their assigns or any other lender thereof (collectively, "EQUIFY") to obtain and use consumer credit reports pertaining to personal credit history and/or credit worthiness from reporting agency for use in connection with the Credit Applicant's application for the extension of business credit by EQUIFY.

In connection with any such application for business credit, each Authorized Signer further agree that permission herby granted to EQUIFY to obtain a consumer credit report shall relate not only to the evaluation and/or extension of any business credit now or hereafter requested by Credit Applicant but also for purposes of reviewing Credit Applicants account, increasing the credit line on the account, taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each Authorized Signer further waives any right or claim which each Authorized Signer might otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

X	Authorized Signer (Legal Signature)	Printed Name	Title	Date
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X	Authorized Signer	Printed Name	Title	Date

APPLICATION CHECKLIST

A. PLEASE ATTACH THE FOLLOWING ITEMS (each **unprotected** and scanned separately):

- Equify Business Funding **Application** completed in full
- Last two (2) prior fiscal year end financial statements, including Balance Sheet and Income Statement (Cash Flow Schedule if available)
- Interim Balance Sheet and Year-to-Date Income Statement, each dated within the last sixty (60) days.
- Financial Projections (if available)
- Personal Financial Statement from all Owners of twenty percent (20%) or more of the Company, completed on an Equify Business Funding form, dated and signed within last ninety (90) days
- Detailed and Summary Accounts Receivable Aging
- Detailed and Summary Accounts Payable Aging
- Complete Customer List including customer name, address, and phone number
- Articles of Incorporation and Bylaws (corporation); Articles of Organization and Operating Agreement (limited liability company); Partnership Agreement (partnership).
- Copies of three (3) invoices representing each revenue category, and support documentation need to receive payment (e.g., purchase orders, bills of lading, etc.)
- Copy of significant customer contracts with revenue concentration exceeding twenty five percent (25%).

B. If Applicant is acquiring part or all an existing business or is starting a new business, please include:

- Business Plan (brief overview of the Business including management team and marketing plan)
- Projected month-to-month Income and Expenses for the first year of operation
- Capital Schedule
- Acquisition Agreement
- Current AR Aging Detail, Balance Sheet, and Income Statement of business being purchased

NOTE 1: Additional financial information or other documents may be requested prior to completion of your **Application** review.