

Asset Based Loan Application Form

COMPANY INFORMATION:

Exact Legal Name: _____

dba's or Affiliates: _____

Main Office Address: _____

Mailing Address: _____

Phone#: _____ Fax#: _____

Contact name: _____ Direct line or ext. _____

Website Address: _____ E-Mail Address: _____

Type of Entity: Corporation Sub S Partnership LLC Sole Proprietorship

Year Incorporated: _____ State of Incorporation: _____ Fed. Tax ID#: _____

COMPANY SHAREHOLDERS/OFFICERS:

President: _____
Name Street Address City State SS # Phone

Secretary: _____
Name Street Address City State SS # Phone

Shareholders/Members/Directors: **(please * those who will be authorized to sign for company)**

Name % Ownership Street Address City State SS # Phone

Name % Ownership Street Address City State SS # Phone

Name % Ownership Street Address City State SS # Phone

Name % Ownership Street Address City State SS # Phone

Note: Pursuant to the Fair Credit Reporting Act, the individuals above hereby grant Fountainhead Funding, LLC, it's designees or agents permission to request, obtain and review such personal credit information as may be supplied by any credit reporting agency.

BACKGROUND INFORMATION:

Type of Business: Distributor Manufacturer Service Wholesaler Other: _____

Primary Line of Business: _____

Annual Sales: _____ Avg. Mo. Sales: _____ # of Employees: _____

Amount of Funding Needed: _____

Purpose: Working Capital Growth Refinance Turnaround Other: _____

Discuss need for capital: _____

Has your company, shareholders or officers ever filed bankruptcy? (Yes or No) _____

If yes, when?: _____

Any liens and/or UCC statements filed on A/R and/or Inventory? (Yes or No) _____

If yes, explain: _____

Are State and Federal Taxes Current? (Yes or No) _____

If no, amount past due and explain: _____

Have any Tax Liens been filed? (Yes or No) _____

If yes, current balance \$: _____

Any litigation pending or judgments against company, shareholders or officers? (Yes or No) _____

If yes, explain: _____

CREDIT INFORMATION:

Primary Bank Reference (include contact name, address and phone number):

Other Bank References (include contact name, address and phone number and type of account):

1) _____

2) _____

3) _____

List of 3 Major Vendor References (include contact name, address and phone number):

1) _____

2) _____

3) _____

COLLATERAL INFORMATION

DESCRIPTION OF CUSTOMERS / ACCOUNTS RECEIVABLE:

Type of Customers: Contractors End Users Retailers Wholesalers Government
 Other: _____

Number of active customers: _____ Any customer concentrations >20% of Sales? (Y/N) _____

List your 5 largest existing customers using their exact corporate name and headquarter address:

- 1) Name: _____ Address: _____
- 2) Name: _____ Address: _____
- 3) Name: _____ Address: _____
- 4) Name: _____ Address: _____
- 5) Name: _____ Address: _____

Terms of Sale: _____ Sales supported by: (Contracts, Purchase Orders, etc.) _____

Primary shipping method? (common carrier, self delivery, etc.) _____

Proof of Delivery Obtained? (Y/N) _____ Returns/Allowances as % of Sales: _____

Average Invoice Amount: \$ _____ Average # of invoices per month: _____

Average A/R Turnover (in days): _____ Bad debt charge off last 2 years: _____

Any bill and holds, foreign sales, guaranteed sales, progress billing or retainage? (Y/N) _____

If yes, please detail: _____

Does your company buy from any of its customers? (Y/N) _____

If yes, please detail: _____

DESCRIPTION OF INVENTORY (if applicable):

Does the company have a Perpetual Inventory system? (Y/N) _____

Inventory costing method? (LIFO, FIFO, etc.) _____

How frequently is inventory counted annually? _____

What are the historical year-end adjustments? _____

Amount of Inventory by category:	Raw Material:	_____ \$
	Work in Process (WIP):	_____ \$
	Finished Goods:	_____ \$
	Other:	_____ \$

Brief description of inventory: _____

