



Organic Financial

BUSINESS INFORMATION

Business Name: _____

D/B/A Name(s): _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

Corporation: _____ Partnership: _____ Other: _____

State of Formation: _____ Year Started: _____

Other Business Address: _____

Product or Type of Business: _____

Federal Tax I.D. Number: _____

Have you factored before? If so, please give name and phone number of factor:

BUSINESS CREDIT REFERENCES

	Name	Phone Number
1.	_____	_____
2.	_____	_____

BANK AND SECURITY INFORMATION

Bank Name: _____

Officer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Account Number: _____

Check all items for which your bank has a security interest:

Accounts Receivable _____ Equipment _____ Inventory _____ Fixtures _____

If any other entity or person has a security interest in any of your assets, please fill in the following:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Purpose and Security: _____

Are any of your taxes past due? Yes _____ No _____ Amount \$ _____

If yes, which type: Federal _____ State _____ Local _____

SALES INFORMATION

Is your product certified organic? _____

If yes with which certifying organization(s) _____

Open Receivables: _____ Selling Terms: _____

Average Monthly Sales: _____ Projected Sales: _____

% of Sales to be Factored: _____ Average Invoice Size: _____

List Largest Clients and Average Monthly Receivables:

(Include **Address and Phone #**. Attach an additional page if necessary)

1. _____

2. _____

3. _____

COMPANY OFFICERS

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Social Security #: _____ % of Ownership: _____

Date of Birth: _____ Driver's License #: _____

Have you ever been arrested for, charged with or convicted of any crime? Yes _____ No _____

If yes, please explain: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Social Security #: _____ % of Ownership: _____

Date of Birth: _____ Driver's License #: _____

Have you ever been arrested for, charged with or convicted of any crime? Yes _____ No _____

If yes, please explain: _____

Has the company or any of its officers or owners ever declared bankruptcy before? Yes _____ No _____

If yes, please explain:

How did you hear about us? Mailing _____ Referral Name _____ Yellow Pages _____

Other (please specify) _____

Please submit the following documents with this application:

1. **Current company financial statement**
2. **Articles of Incorporation or Other; D/B/A Certificate**
3. **Current Accounts Receivable Aging and Accounts Payable Aging**
4. **Last quarter proof of 941 tax payment (941 form that was filed and payroll company statement(s))**
5. **Copy of Driver's Licenses for Company's Principals**
6. **Copy of a current invoice**

In order for your application to be processed in a timely manner, please be sure to include **all** of the above documents with your application.

The information contained in this application and in the attached documents is **true and correct**, and I understand that Benefactor Funding Corp. will rely on such information. I hereby authorize any credit, criminal or background investigation deemed necessary by Benefactor Funding Corp. and/or its designees.

Signature: _____ Date: _____

Name: _____ Title: _____

Signature: _____ Date: _____

Name: _____ Title: _____