



Finance Application

Business Information					
Company Name: (If proprietorship, name the individual followed by assumed company or business name.)					
Company Address:					
City:	State:	Zip:	County:		
Business Structure: (Proprietorship, Partnership, Corporation, LLC)					
Company 's Subsidiaries and or Affiliates:					
Phone:	Fax:	Website:			
D&B:			Fed. Tax ID:		
Date Established:	Date inc.:	State inc.:	# of Full time Employees:	Annual Sales:	
Type of Service (Manufacture, Distributor, Retail, Transportation, Construction, or Other)					
Business Description:					
Does your company own real estate? (yes or no)			Is the business space leased? (yes or no)		
Contact:	Phone:	Email:			
Principal/Owner/Guarantor Information					
Name:	Title:	Ownership %			
SS#:	Date of Birth:	DL#:	State:		
Home Address:					
Home Phone:	Cell Phone:	Married?			
Email:					
Spouse's Name	Date of Birth:	SS#:			
1. Family Reference:		Phone:			
Address:					
2. Family Reference:		Phone:			
Address:					
Mr. / Mrs. / Ms.					
Name:	Title:	Ownership %:			
SS#:	Date of Birth:	DL#:	State:		
Home Address:					
Home Phone:	Cell Phone:	Married?			
Email:					
Spouse's	Date of Birth:	SS#:			

Name:			
1. Family Reference:		Phone:	
Address:			
2. Family Reference:		Phone:	
Address:			
Banking Information			
Bank Name:		Account:	
Contact:		Phone:	Fax:
Bank Name:		Account:	
Contact:		Phone:	Fax:
Insurance Carrier Information			
Company Name:		Policy:	
Contact:	Phone:	Fax:	
Organization/Management			
Have you, or your business, ever been sued or received punitive penalties? (yes or no) If Yes explain why?			
Has your driver's license ever been revoked or denied? (yes or no) If Yes explain why ?			
Have you or your business ever filed for bankruptcy? (yes or no) If Yes explain why?			

IMPORTANT: Please fill out all information requested

Debt Schedule						
Lender	Start Date	Due Date	<u>Lease or</u> Loan	<u>Original</u> Amount	Balance	Mo. Payment

Paid for Equipment			
Equipment Description	Number of Units	Estimated Market Value	Year

Real Estate Schedule <small>List Type:</small>				
Address of Real Estate Owned	<u>Estimated</u> <u>Market</u> Value	Homestead, Residential, Commercial, Industrial		2nd Mortgage

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Receivables	
Purpose and Amount	
Electronic Receivables Financing - (All Industries)	Amt \$
Structured Financing- (All Industries) Short and Long term loans in one package	Amt \$
Equipment Leasing (All Industries)	Amt \$
Mergers, Acquisitions, Buy-Out/ In	Amt \$

Authorization To Obtain Credit
<p><i>By signing below, each undersigned individual who is either a principal of the finance / lease application listed below or a personal guarantor of its obligations, provides written instruction to The Great American Health Bancorp or its Designee (and any Assignee or Potential Assignee thereof) authorizing review of his/her credit profile considering the application of the credit application and subsequently for the purpose of updating, renewal, or extension of such credit and for reviewing or collecting the resulting account. A photocopy or facsimile of this authorization shall be valid as the original. In addition to authorizing review of My/Our credit profile from any national credit bureau, the undersigned also authorizes My/Our financial institutions and creditors to release credit information required by Lesser or its Designee (and any Assignee or Potential thereof).</i></p>

IMPORTANT: Please fill out all information requested

Pre-Qualification and Presentation of Proposal: The below listed documents will be required to continue the application process	
1. Completed Application	<input type="checkbox"/>
2. Last two years Tax Returns	<input type="checkbox"/>
3. Last two years annual Financial Statement (Income Statement and Balance sheet- Accrual Basis)	<input type="checkbox"/>
4 Current Interim Financial Statement (Income Statement and Balance sheet- Accrual Basis)	<input type="checkbox"/>
5. Current Accounts Receivable Aging Report(s) (if available)	<input type="checkbox"/>
6. Current Accounts Payable Aging (Debt Schedule)	<input type="checkbox"/>
7.-List of Equipment Owned and/or financed with estimated market value and/ or balance owed when applicable	<input type="checkbox"/>
8. Copy of equipment to purchase quote or invoice	<input type="checkbox"/>
9. Schedule of Real Estate Owned	<input type="checkbox"/>

Company Name: _____

Print Name: _____

Signature: _____

Date: _____