



**AR FINANCE
APPLICATION**

I. General Business Information:				Date:	
Legal Name:			Dun's #:		Referral Code:
Organizational Status: LLC <input type="checkbox"/> Corp <input type="checkbox"/> LP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/>		Organizational ID #:		Date of formation:	
Physical Address:			City:	State:	ZIP:
Mailing Address:			City:	State:	ZIP:
Business Phone Number:			Business Fax Number:		
Contact Name:		Title:	Email:		Website:
Date Business Started:		Length of ownership:	# of owners:		Business type:
Business Description: Distribution <input type="checkbox"/> Manufacturing <input type="checkbox"/> Assembly <input type="checkbox"/>			Business property: Own <input type="checkbox"/> Rent <input type="checkbox"/>		
Business profitable last 12 months: : Yes <input type="checkbox"/> No <input type="checkbox"/>			Liens: Yes <input type="checkbox"/> No <input type="checkbox"/>		Judgments: Yes <input type="checkbox"/> No <input type="checkbox"/>
Professional license: Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you accept credit/debit cards: Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you associated with any other business: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Receivables generated from sale of: Goods <input type="checkbox"/> Services <input type="checkbox"/> Both <input type="checkbox"/>			Annual business revenue all forms of receivables:\$		
Has company utilized "PO Financing" before: Yes <input type="checkbox"/> No <input type="checkbox"/>			Has company utilized "AR Financing" before: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you current with your Personal, State, & Federal Taxes: Yes <input type="checkbox"/> No <input type="checkbox"/>			Are there any UCC Filings Against the Business Assets: Yes <input type="checkbox"/> No <input type="checkbox"/>		
II. Owner(s)/Principal(s)Information:					
Owners/Principals: Please provide a minimum of 51% Ownership and all principals associated with the business. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each business entity that opens an account. When you open an account, we will ask for Federal Tax Identification Number, physical street address of your business, full legal name of your business and other information, including information regarding associate principals that will allow us to identify your company.					
Name:		Marital Status:	Title:	Ownership %:	Date of Birth:
Home Address: Own <input type="checkbox"/> Rent <input type="checkbox"/>			City:	State:	Zip:
Home Phone:		Cell Phone:	SSN:	State/DL #:	Bankruptcy: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:		Marital Status:	Title:	Ownership %:	Date of Birth:
Home Address: Own <input type="checkbox"/> Rent <input type="checkbox"/>			City:	State:	Zip:
Home Phone:		Cell Phone:	SSN:	State/DL #:	Bankruptcy: Yes <input type="checkbox"/> No <input type="checkbox"/>
III. Business Property Information:					
Own <input type="checkbox"/> Rent <input type="checkbox"/>	How long:	Expiration of Lease:	Square Footage:	Monthly Rent/Mortgage: \$	
Is the mortgage/ lease payment current: Yes <input type="checkbox"/> No <input type="checkbox"/>			If NO, how many Months behind:		
Landlord / Mortgage Company:			Contact:	Phone:	Fax:
IV. Customer Profile: (Company's five largest customers for which you need AR finance)					
Company:		Contact:	Phone:	Email Address:	
Street Address:			City:	State:	Zip:
Average monthly sales volume:\$		Terms of sale:	Website URL:		Duns#:
Company:		Contact:	Phone:	Email Address:	
Street Address:			City:	State:	Zip:
Average monthly sales volume:\$		Terms of sale:	Website URL:		Duns#:
Company:		Contact:	Phone:	Email Address:	

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Street Address:		City:	State:	Zip:
Average monthly sales volume:\$	Terms of sale:	Website URL:		Duns#:
Company:	Contact:	Phone:	Email Address:	
Street Address:		City:	State:	Zip:
Average monthly sales volume:\$	Terms of sale:	Website URL:		Duns#:
Company:	Contact:	Phone:	Email Address:	
Street Address:		City:	State:	Zip:
Average monthly sales volume:\$	Terms of sale:	Website URL:		Duns#:

V. Financing Requirements

Total amount of Accounts Receivable Financing being Requested:\$	
Amount of AR now open:\$	Average monthly sales volume all customers:\$
Average number of invoices per month:	Average invoice size:\$
Number of current customers:	Your terms of sale:
Any customers buy from you on a "Contra" account basis: Yes <input type="checkbox"/> No <input type="checkbox"/>	Any sales to consumers: Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a subcontractor: Yes <input type="checkbox"/> No <input type="checkbox"/>	Are any jobs bonded: Yes <input type="checkbox"/> No <input type="checkbox"/>
Can customer return your product: Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you offer a warranty: Yes <input type="checkbox"/> No <input type="checkbox"/>
How often are Financial statements prepared: Internally <input type="checkbox"/> Accountant <input type="checkbox"/>	
Are your current accounts receivable assigned, pledged and/ or lien as collateral for loans: Yes <input type="checkbox"/> No <input type="checkbox"/> if Yes, by whom:	

VI. Tax, Liens & Judgments

FEIN#	Bankruptcy: Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, when:
How are 941 Taxes paid: Direct <input type="checkbox"/> Payroll Service <input type="checkbox"/>	How often:	# of employees:
Name of Payroll service company:	Contact:	Phone number:
Name of CPA or Accountant:	Contact:	Phone number:
Subject to Excise Tax: Yes <input type="checkbox"/> No <input type="checkbox"/>	Are any Taxes past due: Yes <input type="checkbox"/> No <input type="checkbox"/>	Has a lien been filed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Explain any IRS or other tax problems, lawsuits, liens or judgments against company now or foreseen in the future, please list in detail and explain:		

VII. Banking Information

Name of Primary Bank:	Contact:	Email:	Phone:
Address:	City:	State:	Zip:
Account number:	Type of account:		

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VIII. Authorization to Release Information:

The information supplied in this Confidential Financing Application, Company Profile form, and all forms and documents submitted (collectively the "Application") to Meridian PO Finance, LLC., its subsidiaries or its assignee (collectively "Funder") in connection herewith is true and correct to the best of my/ our knowledge and belief. I/ we hereby authorize Funder to investigate my/ our financial responsibility and credit worthiness and will provide financial statements, tax returns, or other materials or information as requested by Funder and to verify any information provided from any source Funder may choose. I/ we grant Funder the right to procure any and all credit or other investigative reports to any party to this application. I/ we grant Funder the right to release any of the information contained herein or any results from any investigations of the information contained herein to any third party that may become part of any financing transaction between applicants and Funder or to whom Funder may refer this application to for funding. I/ we further grant to any source from which Funder has requested information about application(s), the authorization to release information to Funder. Applicant acknowledges that Funder will rely on the information provided herein to make credit decisions regarding Applicant. This Application has been completed and signed under penalty of perjury. A photocopy, including a fax copy, of this authorization may be accepted as an original.

Signature Title Print Name Date

Signature Title Print Name Date

PRIVACY GUARANTEE NO personal or business information will ever be sold or shared with unauthorized third parties.