

# CHARTER CAPITAL

## APPLICATION FORM

### APPLICANT / BUSINESS ENTITY

1. Check mark legal form of business. If status is other than listed below, please specify:  
 Corporation  Limited Liability Co.  General Partnership  Limited Partnership  Sole Proprietorship
2. Exact Legal Name of Business (as accepted by State filing office):  
\_\_\_\_\_
3. If legal form is Sole Proprietorship:  
\* Owner's name as shown on drivers' license \_\_\_\_\_  
\* Owner's name as known by creditors \_\_\_\_\_  
\* Business name as used on invoices \_\_\_\_\_
4. Street Address (Main) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_
5. Telephone (Main) \_\_\_\_\_ Fax \_\_\_\_\_ Other \_\_\_\_\_
6. Contact Email Address: \_\_\_\_\_
7. Business established: Date \_\_\_\_\_ State \_\_\_\_\_ Charter or Registration No. \_\_\_\_\_
8. Federal ID No. \_\_\_\_\_ Charter No. (if Corp. or LLC) \_\_\_\_\_
9. Any trade or assumed business names (registered or not)?  No  Yes If Yes, list names and where registered.  
\_\_\_\_\_
10. Prior business names used within the last 5 years \_\_\_\_\_
11. Names of related business entities (parent, subsidiaries, affiliates, partnerships) \_\_\_\_\_
12. How did you hear about Charter Capital? \_\_\_\_\_

### BUSINESS PROFILE

13. Describe primary business activity \_\_\_\_\_
14. Has Applicant or any owner ever filed bankruptcy?  No  Yes If Yes, explain \_\_\_\_\_
15. Have any liens or judgments been filed against Applicant or any owner?  No  Yes If Yes, provide details.  
\_\_\_\_\_
16. Is there any actual or proposed litigation, or negotiations or filings pursuant thereto, relating to the Applicant or any owner?  
 No  Yes If Yes, provide details. \_\_\_\_\_
17. Is Applicant current on all Federal and State tax related filings?  No  Yes If No, explain \_\_\_\_\_
18. Are there any past due Federal or State tax payment obligations relating to Applicant?  No  Yes  
If Yes, provide details \_\_\_\_\_
19. Have any of applicant's owners, shareholders, or partners ever been convicted of a felony?  No  Yes  
If Yes, provide details \_\_\_\_\_
20. Operating facilities:  Owned  Leased/ Square Ft. \_\_\_\_\_ Landlord Name \_\_\_\_\_ Tel. \_\_\_\_\_
21. If facilities owned, is there a Mortgage?  No  Yes. If Yes, Balance \$ \_\_\_\_\_ Est. market value \$ \_\_\_\_\_
22. Number of employees (941 kind) \_\_\_\_\_ If Applicant uses contract labor, provide details \_\_\_\_\_

### PROFESSIONAL SERVICE REFERENCES (Contact Name, Firm Name, Address, Telephone)

23. Accountant \_\_\_\_\_
24. Attorney \_\_\_\_\_
25. Insurance Agent \_\_\_\_\_



# CHARTER CAPITAL

## OWNERSHIP / MANAGEMENT

26. Provide details for Senior Management positions and ownership. Include non-positioned Owners.

- (1) Legal Name (First, Middle, Last) \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Current Address (Home, City, State, Zip) \_\_\_\_\_  
 If at current address less than 3 years, please list previous address  
 Previous Address (Home, City, State, Zip) \_\_\_\_\_  
 Title \_\_\_\_\_ Ownership % \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS No. \_\_\_\_\_  
 Private Banker's Name and Tel No. \_\_\_\_\_
- (2) Legal Name (First, Middle, Last) \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Current Address (Home, City, State, Zip) \_\_\_\_\_  
 If at current address less than 3 years, please list previous address  
 Previous Address (Home, City, State, Zip) \_\_\_\_\_  
 Title \_\_\_\_\_ Ownership % \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS No. \_\_\_\_\_  
 Private Banker's Name and Tel No. \_\_\_\_\_
- (3) Legal Name (First, Middle, Last) \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Current Address (Home, City, State, Zip) \_\_\_\_\_  
 If at current address less than 3 years, please list previous address  
 Previous Address (Home, City, State, Zip) \_\_\_\_\_  
 Title \_\_\_\_\_ Ownership % \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS No. \_\_\_\_\_  
 Private Banker's Name and Tel No. \_\_\_\_\_
- (4) Legal Name (First, Middle, Last) \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Current Address (Home, City, State, Zip) \_\_\_\_\_  
 If at current address less than 3 years, please list previous address  
 Previous Address (Home, City, State, Zip) \_\_\_\_\_  
 Title \_\_\_\_\_ Ownership % \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS No. \_\_\_\_\_  
 Private Banker's Name and Tel No. \_\_\_\_\_

## BUSINESS BANKING

27. Bank Name \_\_\_\_\_ Address \_\_\_\_\_ Routing No. \_\_\_\_\_  
 28. Officer or Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 29. Year started with Bank \_\_\_\_\_ Checking Acct No. \_\_\_\_\_ Deposit Acct No. \_\_\_\_\_  
 30. Provide details of all loans \_\_\_\_\_

## SECURED CREDITORS

31. List Secured Transactions and Leases (Credits, Loans and Leases)

Secured	Party Contact	Telephone	Balance	Collateral
(1) _____	_____	_____	\$ _____	_____
(2) _____	_____	_____	\$ _____	_____
(3) _____	_____	_____	\$ _____	_____

# 

## VENDOR REFERENCES

32. List primary 3 Vendors

	Industry	Vendor Name	Contact	Telephone	Balance	Credit Limit
(a)	_____	_____	_____	_____	\$ _____	\$ _____
(b)	_____	_____	_____	_____	\$ _____	\$ _____
(c)	_____	_____	_____	_____	\$ _____	\$ _____

## ACCOUNTS RECEIVABLE INFORMATION

33. A/R Bal. \$ \_\_\_\_\_ 1-30 days \$ \_\_\_\_\_ 31-60 days \$ \_\_\_\_\_ 61-90 days \$ \_\_\_\_\_ over 90 days \$ \_\_\_\_\_

34. Amount invoiced last 30 days \$ \_\_\_\_\_ Last 12 months \$ \_\_\_\_\_

35. Number of Active customer accounts \_\_\_\_\_ Avg. Invoice size \$ \_\_\_\_\_ Normal Terms of Sale \_\_\_\_\_

36. Has Applicant ever financed or sold its accts receivable? \_\_\_ No \_\_\_ Yes If Yes, name financier \_\_\_\_\_

37. Do any of Applicant's accts receivable presently serve as collateral for any purpose? \_\_\_ No \_\_\_ Yes

If Yes, explain. \_\_\_\_\_

38. Is Applicant or any Owner related to any customer account, in whole or in part? (ownership, parent, subsidiary, partner, affiliate) \_\_\_ No \_\_\_ Yes/ If Yes, list names \_\_\_\_\_

39. Name Customer Accounts who have, or potentially will, extend credit to Applicant (such as, Customers who are also Vendors) \_\_\_\_\_

## CUSTOMERS

40. List top 5 Customers in order of monthly billing amount.

	Customer	Address	Contact	Telephone	Avg. Sales/mo
(1)	_____	_____	_____	_____	\$ _____
(2)	_____	_____	_____	_____	\$ _____
(3)	_____	_____	_____	_____	\$ _____
(4)	_____	_____	_____	_____	\$ _____
(5)	_____	_____	_____	_____	\$ _____

## DECLARATION STATEMENT / AUTHORIZATION

41. Be it known that all information provided in connection with this form is for the purpose of aiding Charter Capital Holdings LP (Charter Capital) in its consideration of entering into a contractual relationship with the Applicant. The above responses are true and accurate to the best of my knowledge and belief, and Charter Capital may rely upon the same for all of its purposes. Furthermore, any party referenced in this form may rely upon this statement as authorization from Applicant to freely respond to any inquiries made by Charter Capital regarding Applicant.

Applicant's Name \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_