

Crossroads Financial, LLC.

# INVENTORY FINANCING

6800 Broken Sound Parkway, Suite #301  
Boca Raton, FL. 33487  
561-988-7098 Fax 561-994-5558

PLEASE TYPE OR PRINT  
\_\_\_\_\_  
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REQUESTED LOAN STRUCTURE				
Requested Revolving Facility Size:		\$		
Referred By:	Company:	Phone:		
GENERAL BUSINESS INFORMATION				
Trade Name (DBA)				
Primary Business Address				
Alternate Mailing Address				
Primary Contact:		Title:		
Telephone No.		Fax No.		
Cell No.				
Website		Email Address		
Legal Form of Business		State of Organization/Incorporation		
Federal Tax ID#:	D.U.N.S. #	Years In Business		
Type of Business (Describe Products or Services)				
Bank	Name	Address	Phone	
Checking Acct #	Savings Acct #	Loan #		
Accountant	Name	Address	Phone	
Attorney	Name	Address	Phone	
Insurance Agent	Name	Address	Phone	
Landlord	Name	Address	Phone	
If more than one:				
Landlord	Name	Address	Phone	
Landlord	Name	Address	Phone	
ACCOUNTS RECEIVABLE INFORMATION				
Trade Receivables Outstanding	0 - 30 days	31-60 days	61-90 days	Over 90 Days
Average Monthly Sales \$		Total Number of Customers		
Average Number of Invoices per Month		Average Invoice Value \$		
Average Number of Days to Collect		Write-Off Percentage	Terms of Sale	
Average Length of Customer Relationship		Any Credit Enhancement such as a Factor, Credit Insurance or Guarantee		
Are your Customers Domiciled Locally, Overseas or Both		If factoring, please include potential/current factor:		

ACCOUNTS PAYABLE INFORMATION				
Accounts Payable Outstanding	0 - 30 days	31-60 days	61-90 days	Over 90 Days
Average Monthly Purchases \$		Total Number of Vendors		
Terms of Purchase		Average Number of Days to Pay		
Average Length of Supplier Relationship				
Are your Suppliers Domiciled Locally, Overseas or Both				

INVENTORY INFORMATION				
Total Inventory Cost Value \$	Raw Material \$	Work in Process \$	Finished Goods \$	
Number of Inventory Locations Maintained?	Number of Units on Hand	Value of Obsolete/Slow Mov	Any Seasonality? When?	
Maintained on a Perpetual System? If No, please explain.				
Frequency of Cycle/Physical Counts?	Date of last cycle/physical count.	Amount, if any, of book to physical adjustment?		

BACKGROUND INFORMATION <i>(Please explain any "Yes" answers)</i>		
Are the A/R pledged as collateral in support of any loans?	No	Yes, With Whom?:
Is the Inventory pledged as collateral to support any loan?	No	Yes, With Whom?:
Are there any loans now outstanding?	No	Yes, Explain:
Are you considering changing lenders?	No	Yes, To Whom?:
Are there any delinquent Federal, State or Payroll taxes?	No	Yes, Explain:
Has the Company/Principals ever filed Bankruptcy?	No	Yes, Explain:
Has any Owner/Officer ever been convicted of a felony?	No	Yes, Explain:
Are there any Judgments/Liens against the Company?	No	Yes, Explain:
Has the Company ever operated under a different name?	No	Yes, Explain:

OWNER/OFFICER INFORMATION			
Name			
Street Address			
City		State	Zip
Social Security #	Driver's License #	Date of Birth	
Position	Ownership Percentage	Phone #	

Name			
Street Address			
City		State	Zip
Social Security #	Driver's License #	Date of Birth	
Position	Ownership Percentage	Phone #	

Name			
Street Address			
City		State	Zip
Social Security #	Driver's License #	Date of Birth	
Position	Ownership Percentage	Phone #	

SUPPORTING DOCUMENTATION
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Most Recent Month End Detailed Accounts Receivable Aging	Detailed inventory report broken down by item and cost in an excel format
Most Recent Month End Detailed Accounts Payable Aging	Last Three Fiscal Year End Financial Statements
Most Recent Personal Financial Statement for 20% or more Ownership	Most Recent Interim Monthly Financial Statement
12 Month Profit and Loss Sales and Balance Projections	

**AUTHORIZATION TO RELEASE INFORMATION**

The informatoin supplied in this Confidential Financing Application and Company Profile form and all forms and documents submitted to Crossroads Financial, LLC or its Assignee (collectively "Lender") in connenction herewith is true and correct to the best of my/our knowledge and belief. Crossroad's policy is to protect the confidentiality of your credit information by restricting access to it to director or officer level staff. I/we hereby authorize Lender to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, or other materials or information as requested by Lender and to verify any information provided from any source Lender may choose. I/we grant Lender the right to procure any and all credit or other investigative reports to any party to this application. I/we grant Lender the right to release any of the information contained herein or any results from any investigation of the infromation contained herein to any third party that may become part of any financing transaction between Applicant and Lender or to whom Lender may refer this Applicant for funding. I/we further grant to any source from which Lender has requested information about Applicant(s), the authorization to release such information to Lender. Applicant acknowledges that Lender will rely on the information provided herein to make its credit decision 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.

Please use addendum if additional signatures are required.

Signature	Print Name	Title	Date
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