



**CREDIT APPLICATION**

Applicant Business Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Type of Loan Request:  Inventory Financing  Purchase Order Financing Credit Line Request \_\_\_\_\_  
 Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Email address: \_\_\_\_\_ Website: \_\_\_\_\_  
 Business Started: \_\_\_\_\_ Ever bankrupt:  Yes  No Description of Business: \_\_\_\_\_  
 Fiscal Year End \_\_\_\_/\_\_\_\_  Audited  Reviewed  Compiled  Internal Federal Tax ID #: \_\_\_\_\_  
 CPA: \_\_\_\_\_  
 Organized As:  LLC  C Corporation  S Corporation  Proprietorship  Partnership  
 State of Organization \_\_\_\_\_ State of Executive Office \_\_\_\_\_ Other States Registered \_\_\_\_\_  
 Does the company have any active or satisfied liens or judgements, including tax liens or liens from lenders, against any of its assets (exclude leased equipment)?  Yes  No If yes explain: \_\_\_\_\_  
 Does the company have any unpaid taxes including payroll, sales, income or other taxes?  Yes  No If yes explain: \_\_\_\_\_

**TRADENAMES OR OTHER COMPANIES THAT ARE AFFILIATES OR HAVE COMMON OWNERSHIP**

NAME	Type of Business	Relationship to Applicant	State of Organization

**DEBT SCHEDULE**

Please list the names of debt holders' and collateral (If unsecured so state).

Creditor	Collateral	Debt Due	Maturity
		\$	
		\$	
		\$	
		\$	
		\$	

**ACCOUNTS RECEIVABLE**

Please use common month-end for accounts receivable and payable.

Average Monthly Sales \$	Selling Terms	Extend Dating?
Number of Active Accounts _____	Seasonality? From ____ to ____	
What percent of sales are returns, allowances or discounts? _____		Credit Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No

**Our Company Makes Sales To:**

International Customers	<input type="checkbox"/> Yes <input type="checkbox"/> No
U. S. Government	<input type="checkbox"/> Yes <input type="checkbox"/> No
Affiliated (Intercompany) companies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Our Vendors	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individuals or Consumers	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to any of these explain circumstances and what % of total sales: \_\_\_\_\_

**Contained with our accounts receivable are:**

Progress Billings (or % of completion)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retainage For Work Performed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Guaranteed Buy Back Arrangements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consignment Sales	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bill and Hold	<input type="checkbox"/> Yes <input type="checkbox"/> No

**INVENTORY**

Inventory reporting:  Perpetual  Monthly physical inventory  Gross profit  
 Slow moving report available:  Yes  No

Inventory Locations

ADDRESS	CITY	COUNTY	STATE	ZIP	FACILITY TYPE (OWNED, LEASED, 3PO)

Add additional sheet for more locations  
 Describe Inventory \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Classification</b>	\$	Appraiser	
Raw Material		Appraisal Date	
Work In Process		Appraised Net Orderly Liquidation Value	\$ %
Finished Goods		Comments:	
<b>Total Inventory</b>	\$		

**OFFICERS, SHAREHOLDERS, MEMBERS**

The following undersigned individuals hereby authorize Crossroads Financial to obtain a personal credit report and conduct a background investigation: **(Each individual may use their own duplicate page for privacy)**

TITLE	PRINT FULL LEGAL NAME	SOCIAL SECURITY #	DATE OF BIRTH	OWNER-SHIP %	SIGNATURE
President (or Managing Member)					X [Signature] ↵
Vice President					X [Signature] ↵
Secretary					X [Signature] ↵
Treasurer					X [Signature] ↵
Other					X [Signature] ↵
Other					X [Signature] ↵
Non Officer/Shareholder					X [Signature] ↵
*Private Co's Must total 100% -add sheet as necessary				100%	

Does any Officer, Member, or Shareholder of applicant have now, or have they ever had,

A personal bankruptcy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tax liens or delinquent Taxes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Judgements or liens	<input type="checkbox"/> Yes <input type="checkbox"/> No	Criminal charges (not traffic related)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Criminal convictions (not traffic related)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ownership in another company not listed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bank or finance company charge offs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bad credit	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to any of the above explain: \_\_\_\_\_

**SUPPLEMENTAL INFORMATION-INVENTORY APPLICANTS ONLY**

Please provide the following Supplemental Information (check off items enclosed for review):

- Please provide a copy of a driver's license or state authorized ID for each signor above.
- Last two year ended company balance sheets and income statements or tax returns (if available).
- Most recent interim company balance sheet and income statement and a prior year comparative.
- Current bank statement and voided check for each bank account
- Detail Accounts Receivable aging aged by invoice date and subtotaled by customer including addresses for concentrations (preferably reconciles to last balance sheet).
- Sample invoice
- Detailed Accounts Payable Aging (preferably reconciles to last balance sheet).
- Summary and detailed Inventory reports including detail items report and slow moving report. If multiple locations, we will need location reports. A report showing unit and dollar sales by SKU for the last 12 months in excel format.
- Borrowing Base Certificate and/or availability calculation (if applicable)
- Projections if available.
- Any promotional materials, pamphlets, or other literature available about the company or its Principals.
- Schedule of licenses, trade names, trademarks or other intellectual property.
- Personal financial statements

**SIGNATURES**

Each signor above and the applicant signing below certify that the information provided in this application and the Supplemental Information required is true and correct as of the date of this application. Each authorize all credit, lien, other investigative searches as well as reference checks and any other investigations on the company and its Principals and Officers. Crossroads is relying on the information herein to make credit decisions and any misrepresentations, fraudulent entries or omissions on this application and the Supplemental Information may be used for legal action.

↵ Signed \_\_\_\_\_ Date \_\_\_\_\_

Name and Title: \_\_\_\_\_

Application Prepared By: \_\_\_\_\_

Who referred you to Crossroads? \_\_\_\_\_

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

**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 person who opens a credit facility.**

**What this means for you: When you open a credit facility, we will ask for your name, address, tax identification number of your company and its principals and other information that will allow us to identify you. We may also ask to see your articles of incorporation or other identifying documents which will be verified and such verifications will be retained.**

**PURCHASE ORDER SUPPLEMENTAL APPLICATION**

This page is added when Applicant is applying for PO financing:

**CUSTOMERS ISSUING PO**

NAME AND ADDRESS	ADDRESS	CONTACT	PHONE

**KEY VENDORS**

NAME AND ADDRESS	TERMS	BALANCE DUE	OTHER
		\$	
		\$	
		\$	
		\$	
		\$	

**LOGISTICS**

- 1) Does Applicant import, export, or both? Explain
- 2) Where does Applicant source product?
- 3) What are current inspection requirements by Customer or Applicant? Contact Name and Phone of Inspector?
- 4) Who do you use for freight forwarding? Do you have trade credit? Balance Due? Contact Name and Phone?
- 5) Who is your Customs Broker? Do you have trade credit? Balance Due? Contact Name and Phone of Inspector?
- 6) Do you use a public warehouse? Do you have trade credit? Balance Due? Contact Name and Phone of Inspector?
- 7) Explain time cycle from date of issuance of PO by customer through date of delivery to that customer.

**SUPPLEMENTAL INFORMATION-PO APPLICANTS ONLY**

- Please provide a copy of a driver's license or state authorized ID for each signor in the Officer, Shareholder, Member Section above.
- Copiers of Customer PO
- Copies of Vendor PO
- Sample invoice
- Current bank statement and voided check for each bank account
- Last year ended company balance sheets and income statements or tax returns.
- Most recent interim company balance sheet and income statement and a prior year comparative.
- Detail Accounts Receivable aging aged by invoice date and subtotaed by customer including addresses for concentrations (preferably reconciles to last balance sheet).
- Detailed Accounts Payable Aging (preferably reconciles to last balance sheet).
- Any promotional materials, pamphlets, or other literature available about the company or its Principals.
- Schedule of licenses, trade names, trademarks or other intellectual property.
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