

Financing Application

Requested Facility Size: \$ _____ Projected Annual Sales: \$ _____
Referred by: _____ Current Amount of Open A/R: _____

GENERAL BUSINESS INFORMATION

Legal Name(s) of Business: _____
Trade Name(s) of Business: _____
Business Description: _____
Intended Use of Proceeds: _____
Primary Business Address: _____ City: _____ State: ___ Zip: _____
Alt Mailing Address: _____ City: _____ State: ___ Zip: _____
Business Phone Number: _____ Legal Form of Business: _____
Business Fax Number: _____ State of Organization: _____
Federal Tax ID#: _____ Date of Foundation: _____
Website: _____

Primary Business Contact: _____ Title: _____
Telephone #: _____ Cell #: _____ Fax #: _____
Email Address: _____

Secondary Business Contact: _____ Title: _____
Telephone #: _____ Cell #: _____ Fax #: _____
Email Address: _____

LENDING RELATIONSHIP

Name: _____ Length of Relationship: _____ Line Limit: _____
Factor Address: _____ City: _____ State: ___ Zip: _____
Factor Contact: _____ Factor Tel #: _____

OWNER/OFFICER/PARTNER INFORMATION

Name: _____ Email Address: _____
Street Address: _____ City: _____ State: ___ Zip: _____
Social Security # _____ Driver's License #: _____ Ownership %: _____
Position: _____ DOB: _____ Home Tel #: _____ Cell Tel #: _____
Prior Addresses Within Last 10 Years: _____

Name: _____ Email Address: _____
Street Address: _____ City: _____ State: ___ Zip: _____
Social Security # _____ Driver's License #: _____ Ownership %: _____
Position: _____ DOB: _____ Home Tel #: _____ Cell Tel #: _____
Prior Addresses Within Last 10 Years: _____

COMPANY LEGAL AND OPERATING CONDITION

Does the Company Currently Have any Secured Creditors? Y / N If Yes, With Whom?: _____
 Are any UCC's on File with A/R as Collateral? Y / N If Yes, Explain: _____
 Are there any delinquent Federal, State or Payroll taxes? Y / N If Yes, Explain: _____
 Has the Company/Principals ever filed Bankruptcy? Y / N If Yes, Explain: _____
 Has any Owner/Officer ever been arrested or convicted
 of any felony or misdemeanor? Y / N If Yes, Explain: _____
 Are there any Judgments/Liens against the Company or
 any Owner/Officer? Y / N If Yes, Explain: _____
 Has the Company ever operated under a different name? Y / N If Yes, Explain: _____
 Is the company now or within the last year involved in
 any lawsuits? Y / N If Yes, Explain: _____

AUTHORIZATION TO OBTAIN INFORMATION

We authorize Durham Commercial Capital Corp (DCCC) to obtain whatever information regarding employment, bank accounts, and/or outstanding credit (mortgage, auto, personal, home improvement, charge cards, credit unions, etc.) that DCCC deems to be necessary in connection with this application or in the course of review or collection, of any credit extended in reliance on this application. We authorize and instruct any consumer credit agency, commercial credit reporting agency, business or person to compile and furnish to DCCC any such information regarding us or our business(es) as may be requested by DCCC and agree that such information, along with this application, shall remain DCCC's property whether or not the application is approved.

This authorization will be valid for a period of two years from the date below or as long as the applicant has an outstanding balance with DCCC. A photocopy of this authorization will be valid as the original. We authorize Durham Commercial Capital Corp to verify or check any of the information given, including credit references and employment and to obtain credit bureau reports as Durham Commercial Capital Corp deems necessary.

We hereby authorize DCCC to record UCC1 financing statements in any jurisdiction which it deems appropriate.

The statements made in and documents attached to this application are true and accurate. We sign this application under penalty of perjury. We acknowledge that DCCC will rely on this information to provide money to us. Each of the undersigned has read this application and the documents attached to it and are authorized to sign in their respective positions set forth below.

If you have forwarded this application to us electronically, this will act as your signature and authorization to proceed with our analysis. If you wish to add your electronic signature, please proceed to the non-required signature fields below.

Principal Name: _____ **Date:** _____

Principal Signature: _____ **Title:** _____

Principal Name: _____ **Date:** _____

Principal Signature: _____ **Title:** _____

Submit via Email