

Company Name:	
Trade Style Name / DBA:	
Federal Tax ID No.:	

Business Headquarters Address				
Street:		City:		
State:		Zip:		County:
Contact				
Name:		Phone:		
Email:		Website:		

Type				
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp				
State Registered:		Date Established:		
Approx. Number of Employees:		Other Office Locations:	<input type="checkbox"/> Yes	No
Brief Description of Business:				
Planned Use of Loan Proceeds:				
Historical Annual Sales:	\$	Projected Annual Sales:	\$	
Number of Active Customers:		Standard Terms of Sale:		
Average Collection Period of A/R (Days):				
Average Invoice Amount:	\$			
Average Number of Invoices Per Month:				
Primary Owner FICO Score Range:				
<input type="checkbox"/> Over 800 <input type="checkbox"/> 799-740 <input type="checkbox"/> 739-670 <input type="checkbox"/> 669-580 <input type="checkbox"/> Below 580				
Type of Annual Financials:	<input type="checkbox"/> Audited <input type="checkbox"/> Reviewed <input type="checkbox"/> Compiled <input type="checkbox"/> Internal			
Frequency of Preparation of Internal Financial Statements:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly			
Frequency of A/R Billing:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			
Frequency of Payroll:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly			
Pay Period Vs. Payroll Date (1 Week Behind, 2 Weeks Behind):				
Do you use an outside payroll provider?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, specify: _____		
Does payroll provider remit state and federal payroll taxes on behalf of the employer?				

Please email your completed form to: AODay@BankFinancial.com.
 Remember to save and attach the completed form to your email.