



CREDIT APPLICATION

2625 East Southlake Blvd. Suite 180
Southlake, Texas 76092
817.416.8347 Phone
817.488.2052 Fax

**PLEASE COMPLETE FULLY TO
EXPEDITE PROCESSING**

BUSINESS INFORMATION

1	Company Or Business Legal Name:						Tax ID Number	
2	Registered Business Mailing Address:				City	State		Zip
3	Business Physical Address (If Different):				City	State		Zip
4	Parent Company: (IF SUBSIDIARY)				Business Website:			
5	Business Phone:		E-mail Address:		Fax#			
6	Type of Business:	Partnership / LLC <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	Corporation <input type="checkbox"/>	State of Organizational Filing:		Date Filed:	
7	Time At Address: Yrs.	Years in Business:		Business Sector/Services:				
8	Other Businesses Owned:							
9	Officers Name:			Title:	Ownership %	Authorized Signer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
10	Officers Name:			Title:	Ownership %	Authorized Signer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
11	Prior Bankruptcy: Y/N	Prior Judgement: Y/N	Party to a Lawsuit: Y/N		Company Payroll Taxes Delinquent: Y/N			
12	Current Bankruptcy Y/N	Does Company Factor: Y/N		Convicted of a Felony: Y/N		Company Fed Income Taxes Delinquent: Y/N		
13	Would your company benefit from additional financing sources, additional growth capital, or equity partners?					Personal Fed Income Taxes Delinquent: Y/N		
14	If "YES" to any of the above, Provide Dates and Explanations							

BANK REFERENCES

15	Primary Operating Bank Name:		Bank Officer Name:	
16	Bank Address:		Bank Phone Number:	

BUSINESS TRADE REFERENCES

17	Company Name: 1		Contact:
18	Business Address:		Phone #:
19	Company Name: 2		Contact:
20	Business Address:		Phone #:

FINANCIAL INFORMATION (Must be completed if applying for \$75,000 or less, NOT necessary if over \$75,000)

21	Business Information: (All of the information to the right must be as of the same date)	As of Date:	Cash (\$)	Total Assets (\$)	Total Liabilities (\$)	Sales Year To Date	Net Income Year To Date	Comments:
22	Personal Information: (All of the information to the right must be as of the same date)	As of Date:	Cash and Savings (\$)	Marketable Securities (\$)	Home Value (\$) If You Rent, NA	Mortgage Balance (\$)	Personal Taxes Paid Thru (Yr)	

IMPORTANT: The information above is essential to receiving a quick response. Please ensure all information is accurate.

PRINCIPALS' INFORMATION

23	Full Name:		Phone Number:		
24	Home Address:		City:	State:	Zip:
25	Social Security Number:	Date of Birth:		DL #:	
26	Full Name:		Phone Number:		
27	Home Address:		City:	State:	TX Zip:
28	Social Security Number:	Date of Birth:		DL #:	

ACKNOWLEDGMENT / SIGNATURES

29 By completing and electronically signing this application, I (we) authorize Capital Asset Resources and its lender affiliates to investigate this information, contact credit reporting agencies and other sources for the purpose of determining creditworthiness, verifying information stated herein, and to answer any questions about my (our) personal or business credit. I (we) certify that the information in this application is true and correct. I (we) understand that misrepresenting information on this application, or any other information presented to may be a criminal offense under federal law.

30 By: _____ Date: _____
Authorized Signature (Checking)

By: _____ Date: _____
Authorized Signature (Checking)
This Box Is Equivalent To Signing Above)