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### Application To Enter Into A/R or Purchase Order Financing

(Return this form via fax with aging reports of your accounts receivable and accounts payable)

1. Legal Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Street Address: \_\_\_\_\_ Fax: \_\_\_\_\_
3. County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Date Established: \_\_\_\_\_ Does your company own real property? Yes  No
5. If doing business in more than one place, list additional addresses: \_\_\_\_\_  
\_\_\_\_\_
6. All D/B/A, fictitious & assumed names: \_\_\_\_\_
7. Type of Business: \_\_\_\_\_
8. Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Limited Liability: \_\_\_\_\_ Individual: \_\_\_\_\_
9. State in which company is incorporated: \_\_\_\_\_ Organizational #: \_\_\_\_\_  
(If Applicable, Noted on Certificate of Incorporation)

### PRINCIPALS

10. Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Home Street Address: \_\_\_\_\_ Own    Rent    Date of Birth: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Business Title: \_\_\_\_\_ Est. Ownership %: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
11. Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Home Street Address: \_\_\_\_\_ Own    Rent    Date of Birth: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Business Title: \_\_\_\_\_ Est. Ownership %: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
12. Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Home Street Address: \_\_\_\_\_ Own    Rent    Date of Birth: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Business Title: \_\_\_\_\_ Est. Ownership %: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## SUPPORT INFORMATION

13. Name of Accountant: \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

14. Name of Attorney: \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

## TAX INFORMATION

15. Federal ID #: \_\_\_\_\_ State Tax ID #: \_\_\_\_\_ Local Tax ID #: \_\_\_\_\_

16. Number of Employees: \_\_\_\_\_

17. How often do you file 941 Payroll Taxes? Weekly  Monthly  Quarterly  Yearly

18. Do you have any Federal or State Taxes past due? Yes  No  If yes, has lien been filed? Yes  No

19. If yes to #18, please list type, quarter/year and amounts: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## BANKING INFORMATION

### BUSINESS CHECKING ACCOUNT

20. Name of Bank: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

21. Account Numbers: \_\_\_\_\_ Name of Bank Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

### BUSINESS LOAN ACCOUNT

22. Name of Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

23. How long with Institution? \_\_\_\_\_ Loan Amount: \_\_\_\_\_ Collateral: \_\_\_\_\_

PERSONAL ACCOUNT OF: President  Proprietor  Partner

24. Name of Bank: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

25. Checking Account Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

RECEIVABLE INFORMATION

26. What is the purpose of the funds to be generated from funding: \_\_\_\_\_

27. Dollar amount of receivables now open: \_\_\_\_\_ Date of Aging: \_\_\_\_\_

28. Approximate Number of Customers: \_\_\_\_\_ Terms of Sales: \_\_\_\_\_ Average Monthly Sales: \_\_\_\_\_

29. Do any customers provide you with product or services on a "contra" or "off-set" basis? Yes No

30. Amount you intend to fund on a monthly basis: \_\_\_\_\_

31. Has your company funded receivables before? Yes  No

If yes, with what company? \_\_\_\_\_

32. Are receivables pledged as collateral? Yes  No

If yes, pledged to whom? \_\_\_\_\_

33. Is inventory currently pledged as collateral? Yes  No

If yes, pledged to whom? \_\_\_\_\_

34. Any other Commercial Loans/Leases Outstanding? Yes  No

If yes, please list on back of this application.

35. How did you find out about The Fidelis Agency? \_\_\_\_\_

Name: \_\_\_\_\_ Co. \_\_\_\_\_ Phone: \_\_\_\_\_

I/We have been told and do understand that the submission of an application for financing with The Fidelis Agency does not mean that The Fidelis Agency will fund or provide any financial services whatsoever.

I/We further have been told and do understand that approval to purchase receivables may come only after The Fidelis Agency approves said application and the invoices/accounts offered are approved in accordance with the terms of The Fidelis Agency Accounts Receivable Purchase and Sale Agreement.

I have been advised that after my written request, made within a reasonable time, I have the right to receive a complete and accurate report of the nature and scope of such procedures in accordance with Section 606(b) of the Fair Credit Reporting Act.

The above statements are true and accurate to the best of my information and belief. This serves as my permission for the release of any information regarding this application for the purposes of credit and personal background investigation to The Fidelis Agency.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_, 20 \_\_\_\_\_

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

Email Address: \_\_\_\_\_

**Note:** please fax us a current A/R Aging report, A/P Aging report and Financial Statement.