

Mail this form to HGS Financial Group, Inc., P.O. Box 1356, Rancho Cucamonga, CA 91729 or by fax 484-785-1180

**BUSINESS INFORMATION**

BUSINESS NAME		ENTITY (PARTNERSHIP, CORP., ETC.)		YEAR ESTABLISHED	
JURISDICTION OF INCORPORATION		TAX ID OR SOCIAL SECURITY NUMBER		WEBSITE URL	
E-MAIL ADDRESS		AREA CODE AND PHONE NUMBER		AREA CODE AND FAX NUMBER	
OFFICE ADDRESS		CITY		STATE	ZIP
MAILING ADDRESS		CITY		STATE	ZIP
PREVIOUS BUSINESS NAME AND/OR ADDRESS		CITY		STATE	ZIP
M.C. NUMBER		NUMBER OF TRUCKS (IF APPLICABLE)		NUMBER OF OWNERS/PARTNERS	
AVERAGE MONTHLY SALES VOLUME		NUMBER OF ACCOUNTS		NUMBER OF MONTHLY INVOICES	
AVERAGE AMOUNT OF INVOICE		TERMS OF SALE		NUMBER OF EMPLOYEES	
BUSINESS DESCRIPTION					

**OWNERS, OFFICERS, PARTNERS, STOCKHOLDERS**

FULL LEGAL NAME		TITLE		SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER		STATE ISSUED		BIRTHDATE	
% BUSINESS OWNERSHIP		AMOUNT OF EQUITY (\$)		MARITAL STATUS	
ARE YOU A U.S. CITIZEN?	VISA TYPE			DO YOU OWN OR RENT A HOME?	
HOME ADDRESS		CITY		STATE	ZIP
E-MAIL ADDRESS		AREA CODE AND HOME PHONE NUMBER		AREA CODE AND CELL PHONE NUMBER	

FULL LEGAL NAME		TITLE		SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER		STATE ISSUED		BIRTHDATE	
% BUSINESS OWNERSHIP		AMOUNT OF EQUITY (\$)		MARITAL STATUS	
ARE YOU A U.S. CITIZEN?	VISA TYPE			DO YOU OWN OR RENT A HOME?	
HOME ADDRESS		CITY		STATE	ZIP
E-MAIL ADDRESS		AREA CODE AND HOME PHONE NUMBER		AREA CODE AND CELL PHONE NUMBER	

**INSURANCE INFORMATION**

BROKER NAME		AREA CODE AND PHONE NUMBER		AREA CODE AND FAX NUMBER	
INVENTORY (\$)	FIXTURES/EQUIPMENT (\$)	BUILDING (\$)	LIABILITY (\$)	OTHER (\$)	

**BANK INFORMATION**

BUSINESS ACCOUNT NUMBER	BANK NAME AND BRANCH	AREA CODE AND PHONE NUMBER
PERSONAL ACCOUNT NUMBER	BANK NAME AND BRANCH	AREA CODE AND PHONE NUMBER

The business account listed above is a General business account and is not a Payroll account: \_\_\_\_\_ (initial)

**LOAN REQUEST**

MONTHLY LOAN AMOUNT NEEDED	HAVE OR HAVE NOT FINANCED ACCOUNTS RECEIVABLE WITH	
PERSONAL ACCOUNT NUMBER	BANK NAME AND BRANCH	AREA CODE AND PHONE NUMBER

**Assets currently assigned, pledged or leaned:**

ACCOUNTS RECEIVABLE	TO
EQUIPMENT	TO
INVENTORY	TO
OTHER	TO

**GENERAL INFORMATION**

ATTORNEY NAME		AREA CODE AND PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
ACCOUNTANT NAME		AREA CODE AND PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
PAYROLL SERVICE NAME		AREA CODE AND PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
TAXES CURRENT?	OWE FEDERAL (\$)	OWE STATE (\$)	EMPLOYMENT (\$)
IF YOU HAVE FILED A BANKRUPTCY IN THE PAST 5 YEARS PLEASE GIVE DETAILS			

**ATTACHMENTS**

Please include copies of the following documents:

- Current Business Financials
- Personal Financials of Owners/Principals
- Accounts Receivable Ageing
- Customer List (including name, street address, city, state, zip and telephone)
- Articles of Incorporation, Fictitious Name Statement, or Partnership Agreement

**THE STATEMENTS MADE AND DOCUMENTS ATTACHED TO THIS APPLICATION ARE TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE AUTHORIZE ABINGDON BUSINESS CAPITAL TO OBTAIN WHATEVER INFORMATION REGARDING EMPLOYMENT, BANK ACCOUNTS AND/OR OUTSTANDING CREDIT THAT ABINGDON BUSINESS CAPITAL DEEMS NECESSARY IN CONNECTION WITH THIS APPLICATION OR IN THE COURSE OR REVIEW OR COLLECTION OF ANY CREDIT EXTENDED IN RELIANCE ON THIS APPLICATION. I/WE AUTHORIZE AND INSTRUCT ANY CONSUMER CREDIT AGENCY, COMMERCIAL CREDIT REPORTING AGENCY, BUSINESS OR PERSON TO COMPILE AND FURNISH TO ABINGDON BUSINESS CAPITAL ANY SUCH INFORMATION REGARDING ME/US OR THIS BUSINESS AS MAY BE REQUESTED BY ABINGDON BUSINESS CAPITAL AND AGREE THAT SUCH INFORMATION ALONG WITH THIS APPLICATION SHALL REMAIN THE PROPERTY OF ABINGDON BUSINESS CAPITAL WHETHER OR NOT THE APPLICATION IS APPROVED. THE CONTENT OF THIS APPLICATION IS ACKNOWLEDGED BY THE FOLLOWING OWNERS/OFFICERS/PRINCIPALS:**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

(This application must be signed by all owners, partners and/or stockholders owning 10% or more of the business.)