



**Application/Pre-Qualify Form**

GENERAL BUSINESS INFORMATION			
Legal Name of Business:			
Trade Name (DBA):		Type of Business:	
Primary Business Address:		City:	State:      Zip Code:
Date Business Started:    /    /		Website Address:	Federal Tax ID #  _____
Telephone #:	Email Address:	Cell #:	
Legal Form of Business:	State of Incorporation:	(Select One)    Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/>	
OWNER/OFFICER INFORMATION			
<u>Corporate Officer/Owner Name:</u>	<u>Title:</u>	<u>Ownership %</u>	<u>Social Security #</u>
Home Address:		City:	State:      Zip Code:
DOB:    /    /	Home Phone #:	Cell Phone #:	FICO Score:
<u>Corporate Officer/Owner Name:</u>	<u>Title:</u>	<u>Ownership %</u>	<u>Social Security #</u>
Home Address:		City:	State:      Zip Code:
DOB:    /    /	Home Phone #:	Cell Phone #:	FICO Score:
BUSINESS PROPERTY INFORMATION			
<u>Name of Landlord or Mortgage Bank:</u>	<u>Account #:</u>	<u>Contact Name:</u>	<u>Contact Phone #:</u>
BUSINESS TRADE REFERENCES			
<u>Business Name:</u>	<u>Contact Name:</u>	<u>Contact Phone #:</u>	
<u>Business Name:</u>	<u>Contact Name:</u>	<u>Contact Phone #:</u>	
<u>Business Name:</u>	<u>Contact Name:</u>	<u>Contact Phone #:</u>	

INITIALS: \_\_\_\_\_



ALEXANDER FINANCIAL SOLUTIONS

[WWW.ALEXANDERFS.COM](http://WWW.ALEXANDERFS.COM)

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FINANCIAL INFORMATION									
Last 12 Months Gross Sales/Revenue: \$					\$				
Average Monthly Receivables: \$				Average Collection Period for Receivables:					
Current Inventory Value: \$				Inventory Turnover Average:					
Equipment As Is Value: \$				Associated Debt:			\$		
Business Real Estate Market Value: \$				Associated Debt:			\$		
Investment Property Market Value: \$				Associated Debt:			\$		
Firm/MCA Loans	Provider & Amount Borrowed:		\$	Rate:		Term Period:		Outstanding Balance: \$	
	Provider & Amount Borrowed:		\$	Rate:		Term Period:		Outstanding Balance: \$	
	Provider & Amount Borrowed:		\$	Rate:		Term Period:		Outstanding Balance: \$	
	Provider & Amount Borrowed:		\$	Rate:		Term Period:		Outstanding Balance: \$	
Any Bankruptcies last 5 Years:					YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Any State or Federal Tax Liens- Personal or B					YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Current Accounts Payable: \$									
Additional Information:									
AUTHORIZATION TO RELEASE INFORMATION									
The undersigned submits this APPLICATION to provide information necessary and to be related upon in assessing the potential of a Commercial Financing relationship, and states all information contained herein is true and accurate. The undersigned authorizes you, affiliates, assignees and other lending partners to investigate all information provided herein and any additional documentation supplied to you, and you are hereby authorized to check the credit and financial background of the Company and the owners and officers. A photocopy, including fax copy, may be accepted as an original.									
Signature:		Print Name:			Title:			Date:	
Signature:		Print Name:			Title:			Date:	