



APPLICATION TO ENTER INTO A LOAN AGREEMENT WITH TRI-CHAIN

BUSINESS NAME: \_\_\_\_\_ DBA: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ FAX: \_\_\_\_\_

PRODUCT OR SERVICE: \_\_\_\_\_ YEAR ESTABLISHED: \_\_\_\_\_

TYPE OF COMPANY:  C-Corp  S-Corp  Partnership  LLC  Sole Proprietor STATE WHERE FILED: \_\_\_\_\_

IF A CORPORATION, please attach a copy of your Articles of Incorporation. COUNTY: \_\_\_\_\_

IF PROPRIETORSHIP/PARTNERSHIP OR USING A DBA, county Fictitious Business Name Statement filed in: \_\_\_\_\_

PRIMARY/HEADQUARTER OFFICE LOCATION: \_\_\_\_\_

ADDITIONAL OFFICE LOCATIONS: \_\_\_\_\_

PREVIOUS BUSINESS NAMES used in the past 5 years and locations: \_\_\_\_\_

HOW DID YOU FIND US? \_\_\_\_\_

COMPANY OWNERS AND/OR OFFICERS – Personal and residence information:

NAME: \_\_\_\_\_ Title \_\_\_\_\_ % Co. Ownership \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Own \_\_\_ Rent \_\_\_

Driver License # and State: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ DOB \_\_\_\_\_

NAME: \_\_\_\_\_ Title \_\_\_\_\_ % Co. Ownership \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Own \_\_\_ Rent \_\_\_

Driver License # and State: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ DOB \_\_\_\_\_

NAME: \_\_\_\_\_ Title \_\_\_\_\_ % Co. Ownership \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Own \_\_\_ Rent \_\_\_

Driver License # and State: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ DOB \_\_\_\_\_

CUSTOMERS: Approximate No: \_\_\_\_\_ % Repeat: \_\_\_\_\_ Terms of Sale: \_\_\_\_\_

SALES VOLUME: Average Monthly: \$ \_\_\_\_\_ Avg. Mo. Number of Invoices: \_\_\_\_\_ Avg. Invoice: \_\_\_\_\_

Average Days A/R Turnover: \_\_\_\_\_ High Credit Limit Per Individual Customer: \_\_\_\_\_

BANK INFORMATION, Business

Bank or S & L Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Account Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

BANK INFORMATION, Personal, Primary Owner/Officer

Bank or S & L Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_ Savings Acct Number: \_\_\_\_\_ Contact: \_\_\_\_\_

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SHIPPING INFORMATION:

Freight Forwarder: \_\_\_\_\_ Customs Broker Import & Export: \_\_\_\_\_

Number & Type of Containers per Month: \_\_\_\_\_ Value of Goods Imported Per Container: \_\_\_\_\_

Type of Goods being Imported: \_\_\_\_\_

Port of Origin: \_\_\_\_\_ Port of Destination: \_\_\_\_\_

PROFESSIONAL INFORMATION:

Name and Phone Number of Attorney: \_\_\_\_\_

Name and Phone Number of Accountant: \_\_\_\_\_

Regular Financial Statements prepared: Yes \_\_\_ No \_\_\_ How Often: \_\_\_\_\_ Last One: \_\_\_\_\_

Copy of Financial Statement attached (Essential): Yes: \_\_\_\_\_ No \_\_\_\_\_

TAX NUMBERS AND INFORMATION:

Federal Tax Number: \_\_\_\_\_ State Tax Number: \_\_\_\_\_ Local Tax Number: \_\_\_\_\_

Are any taxes past due: Yes: \_\_\_ No: \_\_\_ (If so, fill out information below, please)

Federal \$ \_\_\_\_\_ Agent Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

State \$ \_\_\_\_\_ Agent Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

PRINCIPAL SUPPLIERS:

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

ASSETS ASSIGNED, PLEDGED, LIENED, OR AS COLLATERAL FOR LOANS:

ACCOUNTS RECEIVABLE: Yes: \_\_\_ No: \_\_\_ To Whom: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

INVENTORY: Yes: \_\_\_ No: \_\_\_ To Whom: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

By executing this application, the undersigned certifies to the following: (1) The information set forth in this application and in the documents, schedules, reports, statements, and/or other information provided to TRI-CHAIN ADVISORS with or pursuant to this application are full, true, correct, and complete and accurately reflect such information on the date(s) thereof; (2) that TRI-CHAIN ADVISORS is authorized to request, receive, and verify credit reports and other financial information regarding applicant and its business that TRI-CHAIN ADVISORS deems necessary and appropriate; and (3) that TRI-CHAIN ADVISORS is authorized to inquire of, investigate, confirm, and verify any information contained in this application, in any documents, schedules, reports, statements, and/or other information provided under or pursuant to this application, or learned by TRI-CHAIN ADVISORS as part of its investigation and review of this application, applicant, or applicant's business. Please be aware that an electronic signature is as legally binding as a handwritten signature. A document is considered signed when returned by an electronic form of written communication, i.e.: email.

Dated: \_\_\_\_\_ Signed: X \_\_\_\_\_ Title: \_\_\_\_\_

Dated: \_\_\_\_\_ Signed: X \_\_\_\_\_ Title: \_\_\_\_\_

Dated: \_\_\_\_\_ Signed: X \_\_\_\_\_ Title: \_\_\_\_\_

**INFORMATION NEEDED BY THE TRI-CHAIN ADVISORS GROUP TO DETERMINE FEASIBILITY FOR ENTERING INTO INTRANSIT INVENTORY FINANCING PROGRAM:**

1. Application
  
2. Financial Statement (previous two years, if applicable) and most recent year to date
  - a. Business
  - b. Personal
  
3. Federal Tax Return (previous two years)
  - a. Business
  - b. Personal
  
4. Copy of Articles of Incorporation and/or DBA Filing
  
5. Account Payable Aging
  
6. Account Receivable Aging
  
  
7. Customer list with name, address, zip code and telephone numbers
  
8. One copy of complete set of Shipping Documents

(commercial invoice, export license/permit/declaration, inspection certificate, certificate of origin/export, bill of lading, packing list, insurance certificate, import declaration)

**In order to quickly determine if we can be of service to your firm, we need all of the information requested above, as well as the completed application. If any information requested is not available, please attach a written explanation. All information will be held in strict confidence.**