



Premier Small
Business Solutions, LLC

Business Financing

Send your request by Fax or E-mail

Fax: (866) 240-8454

E-mail: inquiry@premierfinancingsolutions.com

Pre-qualification Application

Company Information

Company Name _____

Street Address _____

City _____

Phone #: _____

Web Address: _____

Existing New Business Date Established: _____ State Filed: _____ Federal Tax ID #: _____

Trade and/or Past Names: _____

Products/Services: _____

Is Business engaged in exporting: Yes No

Does the Business have Purchase Orders: Yes No

Company Structure/Type

C-Corp LLC Proprietorship

S-Corp Partnership

State _____ Zip _____

Fax #: _____

Duns # _____

We are a:

- Manufacturer Wholesaler/Distributor Service
- Real-estate Investment company
- Other (please explain) _____

Our Customers Are:

- Retailers Wholesalers Industrial Firms Government
- Foreign Construction Other: _____

TRANSACTION SUMMARY

- **REASON FOR FINANCING** (describe exactly what your need is)

Principal(s) Information:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone #: _____

SSN: _____

Title: _____ % Ownership: _____

FICO Score: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone #: _____

SSN: _____

Title: _____ % Ownership: _____

FICO Score: _____

How did you hear about us: _____

Past/Present/Future Liens on Assets

- 1. Do you have receivables? If no, jump down to # 5 Yes No
- 2. Will you factor your eligible receivables? Yes No
- 3. Has this company ever factored or pledged its receivables in the past? Yes No
- 4. Are the company's receivables presently factored or pledged to anyone? Yes No
- 5. Are there any tax liens, suits or judgments filed against the company? Yes No
- 6. Are any federal and/or state taxes past due? Yes No
- 7. Is the company now or has it ever been in bankruptcy? Yes No
- 8. Have any company owners now or ever been in bankruptcy? Yes No
- 9. Does your firm use an outside payroll service? Yes No

Further explanation on "Yes" to above

Accounts Receivable (A/R) Collateral Information

A/R Aging Date: _____

Current (1-30):\$ _____

31-60 Days: \$ _____

61-90 Days: \$ _____

91+ Days: \$ _____

Total \$ _____

On aging report, invoices are aged using the: Invoice Date Due Date

Last 30 days sales: \$ _____ Average # of Customers: _____

Last 12 mos sales: \$ _____

Returns/Allowances were: \$ _____ Backlog sales: \$ _____

Past 2 years bad debts were: Year 1 \$ _____

Year 2 \$ _____

Terms of Sale _____ Average days receivable pay: _____ Average # of invoices/month: _____

Average Invoice Amount: \$ _____ How many customers are = or greater than 10% of total A/R? _____

What Type of Invoicing is Involve:

- Progress Billing Yes No Customer Deposits Yes No
- Executory Contracts Yes No Customer Inventory Yes No
- Consignment Sales Yes No Payments on Dates in Future Yes No
- Guaranteed Sales Yes No Bill now but hold in inventory Yes No
- Product Warranty Yes No Government Sales Yes No
- Consumer A/R Yes No Sales to Affiliates Yes No
- Contra Accounts Yes No Billings Prior to Completion Yes No
- Seasonality Yes No Employee A/R Yes No

Has there been a change of ownership during the last 12 months or has there been a change in the name of the business? Yes No

If yes, explain:

Inventory Composition Analysis

Inventory Type	Total	Percentage	Description
Raw Materials			
Work in Process			
Finished Goods			
Other			
Inventory Total			
Inventory Turnover Days			

Schedule of Debt

*(Please include all loans, capital leases and operating leases)

Lender or Lessor	Original Balance	Current Balance	Monthly Payment	Interest Rate	Maturity Date	Collateral
Contact: _____ Address: _____ _____ Phone: _____						
Contact: _____ Address: _____ _____ Phone: _____						
Contact: _____ Address: _____ _____ Phone: _____						
Contact: _____ Address: _____ _____ Phone: _____						
Contact: _____ Address: _____ _____ Phone: _____						
Contact: _____ Address: _____ _____ Phone: _____						
Contact: _____ Address: _____ _____ Phone: _____						

Top Five Customers

1. Name: _____ Expected High Credit: \$ _____
Address: _____

2. Name: _____ Expected High Credit: \$ _____
Address: _____

3. Name: _____ Expected High Credit: \$ _____
Address: _____

4. Name: _____ Expected High Credit: \$ _____
Address: _____

5. Name: _____ Expected High Credit: \$ _____
Address: _____

Three Largest Trade Credit References

Company Name _____ Phone No. (____) _____
Contact _____ Account No. _____

Company Name _____ Phone No. (____) _____
Contact _____ Account No. _____

Company Name _____ Phone No. (____) _____
Contact _____ Account No. _____

Equipment Financing (if requested):

Equipment Description: _____ Equipment Cost: \$ _____

Terms: 24 Months 36 Months 48 Months 60 Months

Preferred Buyout: \$1 FMV (Fair Market Value)

Vendor: _____ City: _____ State: _____ Zip: _____

Contact: _____ Phone#: _____ Fax: _____

E-mail: _____

Location of Equipment: Same as applicant address

City: _____ State: _____ Zip: _____ Contact: _____

Phone#: _____ Fax: _____ E-mail: _____

Trucking (if requested):

Who's Authority are you operating under?

Common Carrier _____ Contact Carrier _____ Trans Broker _____ Freight Forwarder _____

ICC-MC #(s) _____ PUC #(s) _____ Other (please specify) _____

Additional Information

of company drivers _____ # of owner/operators _____ # of owned power units _____ # of leased power units _____

of owned trailers _____ # of leased trailers _____ # of agents _____ Revenue generated by agents _____

Commercial Real-estate Loan (if requested):

Information on Property to be Acquired or Refinanced

Property Address: _____ City: _____ State: _____ Zip: _____

County: _____ Percent of building to be occupied by the business or borrower: _____ %

Property Type: Multi-Family Mobile Home Park Mixed Use Church Hotel Retail
 Self Storage Office Health Care Gas station Industrial Golf Course

Purchase Refinance

Real Estate (Purchase Price):\$ _____ Real Estate (Balance to be refinanced): \$ _____
Construction/Renovations: \$ _____ Cost of recent Renovations: \$ _____
Equipment Costs: \$ _____ Cash out (if applicable) \$ _____
As us Value of land/building:\$ _____ As is value of land/building: \$ _____
FICO Score of borrower: \$ _____ FICO Score of borrower: \$ _____

Please fax or e-mail the following information:

- List Accounts Receivable detail Aging
- Accounts Payable Aging
- Customer Master List with Names, Contacts, Addresses and Phone Numbers
- Most recent Corporate and Income Tax Return and/or Most recent Financial Statements
- Past Three Fiscal Years Financial Statements
- Signed and Dated Personal Financial Statements of Guarantors
- Schedule of Debt (see attached)
- Complete listing/cost and description of equipment requested
- Most recent appraisal (if available)
- Past Three Fiscal Years Rent Roll (if commercial real-estate is involved)