

Application

COMPANY INFORMATION

Company Name:		
Address:		
City:	State:	Zip Code:
Name of Contact:		Contact Title:
Telephone:	Fax Number:	
Email:	Website:	

Organization Type:	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	State of Inc.: _____
	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Limited Liability Partnership		
Principal Product or Service Provided:			
Year Company Founded:	Total Number of Employees:	Federal Tax I.D. No.:	
Describe ownership:			

PRINCIPAL OFFICERS

Name:	Title:	
Address:		
City:	State:	Zip Code:
Percent of Ownership:		

Name:	Title:	
Address:		
City:	State:	Zip Code:
Percent of Ownership:		

Name:	Title:	
Address:		
City:	State:	Zip Code:
Percent of Ownership:		

FINANCIAL BACKGROUND

Primary Bank:			
Contact Name:		Title:	
Address:			
City:	State:	Zip Code:	
Telephone:		Fax Number:	
Checking Account No.:			
Credit Line Amount Available:		Credit Line Amount Outstanding:	
Has the company ever filed for bankruptcy?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Year filed: _____ Chapter: _____ Location of filing: _____			
Have any officers or owners of the company been involved in bankruptcy?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a written explanation.			
Have any officers or owners of the company been convicted of a felony?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a written explanation.			

List Existing Lenders / Creditors

Name:	Full Address:	Contact:	Telephone:	Amount:
1.				
2.				
3.				

General Profit & Loss Information

Company Fiscal Year-End: _____			
Annual Sales and P&L History:			
Current YTD:	Gross Sales:\$ _____	Profit/(Loss):\$ _____	
Previous 2 Years:	Gross Sales:\$ _____	Profit/(Loss):\$ _____	
	Gross Sales:\$ _____	Profit/(Loss):\$ _____	

Account Payables and Account Receivables Information

	0 – 30 Days	31 – 60 Days	61 – 90 Days	Over 91 Days
Total Outstanding Payables:	\$ _____	\$ _____	\$ _____	\$ _____
Total Outstanding Receivables:	\$ _____	\$ _____	\$ _____	\$ _____
Are any receivables currently pledged?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain: _____				

Describe your five largest clients, percentage of your total sales and their main business activity.

Name:	Business Activity	Percentage of Sales:
1.		
2.		
3.		
4.		
5.		

Provide your three main suppliers and current terms.

Name of Supplier:	Payment Terms
1.	
2.	
3.	

Reason For Financing

Briefly state your company's intended use for the funds.

GLOBAL TRADING PARTNERS, INC.

AUTHORIZATION FOR VERIFICATION OF CREDIT AND BUSINESS REFERENCES

(Please provide the information requested for all principal officers, partners, and owners of a 20% or more interest, and have them execute where indicated below.)

By executing this Application, the undersigned Company and each of the undersigned persons hereby authorize Global Trading Partners, Inc. ("Global"), at its sole discretion, to verify information the Company has provided in this Application to Global for financing, and to obtain credit reports, business reference reports, and other information that Global may require and need to rely on in its financing approval process. Global acknowledges such reports and information and any other such reports and information that Global may obtain concerning other persons who are officers, shareholders, partners, owners, principals, associates, or affiliates of the Company will be obtained and used only in connection with Global's approval evaluation of the Company and the Company's on-going eligibility for financing by Global, and not for any consumer credit or other purposes.

Company: _____

By: _____
Authorized Signature *Date*

Print Name and Title

Principals:

Print Name(s):	Print Title	Social Security Number	Signature(s):
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____