

GENERAL BUSINESS INFORMATION			
Legal Name of Business/Corp:		Trade Name (DBA):	
Business Description /Products:		Brand names/Trademarks:	
Primary Business Address:			
Other Business Names and Locations:		Fed Tax ID #	
Telephone:	Fax:	Cell:	Email:
Year business started trading:		Website Address:	
Amount of funding required \$		Number of Employees:	What type of funding is required? <input type="checkbox"/> PO <input type="checkbox"/> AR <input type="checkbox"/> OTHER

CUSTOMER INFORMATION	
What credit terms do you offer? <input type="checkbox"/> 60 OR LESS <input type="checkbox"/> 60-90 DAYS <input type="checkbox"/> OVER 90	Consignment or guaranteed sale terms: <input type="checkbox"/> Yes <input type="checkbox"/> No
Write off % last 12 months:	Sales outside of USA or Canada:
Number of business-to-business customers:	Customers representing more than 20% of sales:

ADDITIONAL INFORMATION	
Country(ies) your suppliers situated:	
Suppliers' terms of sale:	Deposits required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Product is a finished good: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Days from the date your supplier ships to the date the customer receives the product:	Shipping information: <input type="checkbox"/> Drop-shipped to customer <input type="checkbox"/> 3PL <input type="checkbox"/> Warehouse owned/rented by you
Is the product inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where and by whom?
Current funders to business, amount, and collateral:	
Is your property: <input type="checkbox"/> Owned <input type="checkbox"/> Rented	

BACKGROUND INFORMATION <i>(Please explain any "Yes" answers)</i>	
Has this company or any associated companies linked by shareholders been involved in any litigation or bankruptcy now or historically?	<input type="checkbox"/> Yes, Explain:
Has any Owner, Officer, or Principal Manager of the Company ever been convicted of a felony?	<input type="checkbox"/> Yes, Explain:
Are any Federal or State taxes, including Payroll Taxes, delinquent?	<input type="checkbox"/> Yes, Explain:
Do you use a payroll service such as ADP, Paychex or your bank?	<input type="checkbox"/> Yes, Explain:
Do you have any ownership in other companies? Has the Company ever operated under a different name?	<input type="checkbox"/> Yes, Explain:

OWNER/OFFICER INFORMATION						
Full Name	Title	% Owned	Home Address	Phone	SSN	D.o.B

AUTHORIZATION TO RELEASE INFORMATION			
The undersigned submits this APPLICATION to provide information necessary and to be relied upon in assessing the potential of a commercial financing relationship, and states all information contained herein is true and accurate. The undersigned authorizes Franklin Capital Holdings, LLC and any affiliate, agent or third party to investigate all information provided herein and any additional documentation supplied to you and 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