



## APPLICATION FORM

TOLL FREE: 1-855-800-5525 FAX: 1-855-877-5525

EMAIL: info@ablebusinesscredit.com WEBSITE: www.ablebusinesscredit.com

### BUSINESS INFORMATION

BUSINESS NAME:	PHONE:	FAX:
ADDRESS:	CITY:	PROVINCE:
POSTAL CODE:	EMAIL:	
TYPE OF BUSINESS:	YEARS IN BUSINESS:	INCORPORATED?
WEBSITE:	HOW DID YOU FIND OUT ABOUT US:	

### OWNER & PARTNER INFORMATION

NAME:	TITLE:	
OWNERSHIP %:	SOCIAL INSURANCE #:	DRIVERS LICENSE
ADDRESS:		CITY:
PROVINCE:	POSTAL CODE:	
PHONE NUMBER:	EMAIL ADDRESS:	

NAME:	TITLE:	
OWNERSHIP %:	SOCIAL INSURANCE #:	DRIVERS LICENSE
ADDRESS:		CITY:
PROVINCE:	POSTAL CODE:	
PHONE NUMBER:	EMAIL ADDRESS:	

NAME:	TITLE:	
OWNERSHIP %:	SOCIAL INSURANCE #:	DRIVERS LICENSE
ADDRESS:		CITY:
PROVINCE:	POSTAL CODE:	
PHONE NUMBER:	EMAIL ADDRESS:	

### BANK INFORMATION & PROFESSIONAL SERVICES

BANK NAME:	CONTACT NAME:	TITLE:
PHONE:	FAX:	LOAN AMOUNT:
ACCOUNTANT:	FIRM:	PHONE:
LAWYER:	FIRM:	PHONE:

### FINANCING REQUIRED

INVOICING METHOD:	<input type="checkbox"/> ACCOUNTS RECEIVABLE FINANCING	<input type="checkbox"/> ASSET BASED LENDING
	<input type="checkbox"/> EQUIPMENT LEASING	<input type="checkbox"/> PURCHASE ORDER FINANCING
	<input type="checkbox"/> BUSINESS LOANS	<input type="checkbox"/> REAL ESTATE FINANCING
	<input type="checkbox"/> SR&ED FINANCING	<input type="checkbox"/> MERCHANT CASH ADVANCE

**FINANCING REQUIRED CONT.**

FACILITY AMOUNT \$	WHEN NEEDED?
MONTHLY SALES \$	CURRENT RECEIVABLE AMOUNT \$
PURPOSE OF FUNDS:	
PERIOD OF TIME?	# OF CUSTOMERS

**ADDITIONAL INFORMATION**

HAVE YOU EXTENDED TERMS OF PAYMENT TO CERTAIN CUSTOMERS?	YES OR NO
HAS THE COMPANY EVER USED ALTERNATIVE FUNDING?	YES OR NO
HAS YOUR COMPANY OR ITS OWNERS EVER FILED FOR BANKRUPTCY?	YES OR NO
DO YOU ANTICIPATE ANY MAJOR OWNERSHIP CHANGES IN THE NEXT 12 MONTHS?	YES OR NO
DO YOU HAVE OWNERSHIP IN OTHER COMPANIES?	YES OR NO
ARE YOU PAST DUE ON ANY TAXES?	YES OR NO
HAVE YOU HAD OR HAVE A LIEN/JUDGEMENT/LITIGATION FILED AGAINST YOU?	YES OR NO
DO YOU OFFER A WARRANTY OR GUARENTEE ON YOUR PRODUCT(S) OR SERVICE(S)?	YES OR NO

**DESCRIBE YOUR PRODUCTS AND/OR SERVICES**


**ADDITIONAL COMMENTS**


**DOCUMENT CHECKLIST**

LATEST FINANCIAL STATEMENTS	COPY OF REGISTERED NAME	COPY OF INVOICE
EQUIPMENT AND INVENTORY	ARTICLES OF INCORPORATION	APPRAISALS
DETAILED CUSTOMER LIST	CONTRACTS OR PURCHASE ORDERS	BANK STATEMENTS
COPY OF DRIVERS LICENSE AND S.I.N.	ACCOUNTS RECEIVABLE AGAING AND INVOICES	

**SIGNATURES AND AUTHORIZATION**

I/We certify that I/we completed this application in an honest and professional manner, that all information is completed where applicable, and that I/we did not hide any important information. I/We understand that submission of this application does not obligate Able Business Credit to provide financial services. I/We understand that approval of financial services on behalf of Able Business Credit and potential lending parties is up to their discretion, and if approved will be notified which invoices/accounts have been approved. I/We give Able Business Credit the right to share credit reports and other investigative documentation with related lending parties. Able Business Credit may disclose to any other interested parties the experience and/or transactions with my/our business. I/We authorize Able Business Credit to release this information to investors and insurers that they may require with respect to the application.

**SIGNATURE:** \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_