



313 N. Second Avenue • P.O. Box 2373 • Sandpoint, ID 83864
(208) 263-4199 • Fax (208) 263-4799

I. Company Information

Application Date: _____ Date Company Established: _____

Organization Type: Sole Proprietorship or Partnership LLC Corporation State Where Formed/Organized: _____

Legal Name of Business: _____ Tax ID #: _____

Other Names Used For This Business: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ County: _____

Email: _____ Website: _____

Comments: _____

Bankruptcy Y/N: _____ (If yes, what year did you file? _____) (If yes, what chapter did you file? _____)

Line of Business (Describe): _____

Have you factored in the past? Y/N: _____ Company: _____

Do Company/Principals have any: Judgments Liens Back Taxes Lawsuits (Check all that apply and attach details)

Does Company have any outstanding loans (non-vehicle)? Yes No Name of Institution: _____

Avg. Invoice Amount : \$ _____ Avg. No. of Invoices/Mo: _____

In the past 12 months have any Company accounts receivable been converted to a Promissory Note? () Yes () No

II. Information on Principals

CEO/Pres: Name: _____ SSN # _____

LLC Manager: Address: _____

_____ City: _____ State: _____ Zip: _____

CFO/VP/Sec: Name: _____ SSN # _____

LLC Member: Address: _____

_____ City: _____ State: _____ Zip: _____

The undersigned consents to ALPHA Capital LLC obtaining a business credit report on the prospective business. The undersigned also consents to ALPHA Capital LLC obtaining a consumer credit report on any person(s) or officer(s) of the sole proprietorship, corporation, LLC or Partnership of the above referenced business for the sole purpose of evaluating the creditworthiness in connection with this application. The undersigned also consents to ALPHA Capital LLC recording any necessary financing statements from the accounts receivable of the above referenced business.

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____