



**NATIONAL BILLING, LLC
PROSPECTIVE CLIENT APPLICATION FORM**

General Information

Legal Name of Business: _____

Trade Name: _____ Federal ID #: _____

Prior Names (s): _____

Mailing Address: _____

Physical Address: _____
street city state zip code

County / Parish: _____

Telephone: (_____) _____ - _____ Fax: (_____) _____ - _____

Email: _____

Entity Type: Corporation (year _____, state _____) LLC (year _____, state _____)
Other (_____) (year _____, state _____)

Number of Employees: _____ Weekly Payroll: _____

Total Account Receivable:

\$ _____ \$ _____ \$ _____ \$ _____
current 30-60 61-90 over 90

Total Accounts Payable:

\$ _____ \$ _____ \$ _____ \$ _____
current 30-60 61-90 over 90

Banking Information

Name of Primary Bank: _____ Bank Officer: _____

Address: _____
street city state zip code

Telephone: (_____) _____ - _____ Type of Account _____

Account Number _____

Accounting Information

Name of Accounting Firm: _____ Accountant: _____

Address: _____
street city state zip code

Telephone: (_____) _____ - _____ Accounting Fiscal Year Begins _____

Accounts Receivable Information

Approx. Total No.of Invoices per Month _____
Total Number of Active Customers _____
Average Invoice Amount \$_____ Avg. Days Outstanding: _____
Typical Terms of Sale: _____
Amt. of A/R written off in last 12 months:\$_____

Historical Information

Has this Company ever sold, factored or pledged its receivables? ____Yes, ____No
Are the Company's receivables currently being sold, factored or pledged? ____Yes, ____No
Is this Company now, or has it ever been, in Bankruptcy? ____Yes, ____No
Are there any Federal and/or State Taxes past due? ____Yes, ____No
Are there any and/ or State tax liens filed? ____Yes, ____No

Required Attachments:

- _____ Copy of Most Current Company Financial Statement (including Balance Sheet and Profit & Loss Statement)
 - _____ Copy of three years Company Tax Returns or three years Accountant Compilation
 - _____ Copy of Signed, Dated (within one year) Balance Sheet and Three Years Tax Returns on each Principal owning 10% or more of the Company
 - _____ Current Aging of Accounts Receivable (by Customer)
 - _____ Current Aging of Accounts Payable
 - _____ Articles of Organization or Articles of Incorporation if Corporation
 - *_____ Account Debtor Information List (including company name, contact name, address, phone and fax numbers)
 - *_____ Sample Invoices with back-up documentation (ie: bill of laden, signed time sheets, delivery tickets)
- *items not required for initial application

Officers / Directors / Partners / Principals Information

For all Officers, Directors, Partners and Principal, please complete the following. Attach additional schedule if necessary

Full Name: _____
Mr./Mrs./ Dr. First Middle Last Jr/Sr/etc.

Home Address: _____
street city state zip code

Date of Birth: _____ Social Security Number _____

Percentage Ownership: _____% Title: _____

Full Name: _____
Mr./Mrs./ Dr. First Middle Last Jr/Sr/etc.

Home Address: _____
street city state zip code

Date of Birth: _____ Social Security Number _____

Percentage Ownership: _____% Title: _____

Full Name: _____
Mr./Mrs./ Dr. First Middle Last Jr/Sr/etc.

Home Address: _____
street city state zip code

Date of Birth: _____ Social Security Number _____

Percentage Ownership: _____% Title: _____

Full Name: _____
Mr./Mrs./ Dr. First Middle Last Jr/Sr/etc.

Home Address: _____
street city state zip code

Date of Birth: _____ Social Security Number _____

Percentage Ownership: _____% Title: _____

DECLARATION

MUST BE SIGNED BY ALL PRINCIPALS OWNING 10% OR MORE OF THE COMPANY

The information supplied in this Prospective Client Application Form and all forms, financial statements, and documents submitted to National Billing, LLC in connection herewith are true and correct to the best of my knowledge and belief.

The undersigned individual(s) who is/are either a principal of the credit applicant or the sole proprietor of the credit applicant, recognizing that his/her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consent(s) to and authorize(s) the use of consumer credit report on the undersigned by the above named business credit grantor, from time to time as my be needed, for credit evaluation purposes. The undersigned authorizes National Billing to check with reporting agencies, credit references, and other sources disclosed herein in investigating the information provided. It is further understood that any decision to grant or deny credit will be made by National Billing, LLC and affiliate funding agencies/banks. The undersigned further certify that I am authorized to sign on behalf of the applicant.

By: _____ Title: _____ Date: _____
Print Name: _____

By: _____ Title: _____ Date: _____
Print Name: _____

By: _____ Title: _____ Date: _____
Print Name: _____