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COMPANY INFORMATION

Legal Company Name: _____ State of Incorporation: _____ Years in Business: _____

Primary Contact: _____ Title: _____

Office Phone: _____ Cell Phone: _____ Email: _____

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

Business Phone: _____ Fax: _____ Website: _____

Organization Type: Partnership LLC Corporation Individual Federal ID# _____

Other Names Used For this Business: _____

Line of Business (Describe): _____

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

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

Business/Principals have any outstanding loans (non-vehicle)? No Yes Name of Institution _____

PRINCIPALS OF COMPANY

Name:	Title:	% Owned:	Social Security #:
Home Address:		City, State, Zip:	
Name:	Title:	% Owned:	Social Security #:
Home Address:		City, State, Zip:	

ACCOUNTS RECEIVABLE INFORMATION

Average Invoice Amount: _____ Average # of Invoices/Month: _____

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

Aging of Receivables (\$ Amount): 0-30 days: \$ _____ 31-60 days: \$ _____ 60-90days: \$ _____

3 LARGEST ACCOUNTS TO FACTOR
 (Customers will not be contacted at this time; they are listed here for evaluation purposes only)

Company Name:	Company Name:	Company Name:
Monthly Sales:	Monthly Sales:	Monthly Sales:
Address:	Address:	Address:
Phone:	Phone:	Phone:

The undersigned consents to a lender or lenders in Alpha Gateway Capital's network in obtaining a business credit report on the prospective business. The undersigned also consents to the same lender or lenders 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 the lender or lenders in Alpha Gateway Capital's network recording any necessary financing statements from the accounts receivable of the above referenced business.

Signature: _____ Signature: _____

Print Name: _____ Print Name: _____

Date: _____ Date: _____

Please also include the items listed below the best that you can:

- Current Year Profit and Loss Statement
- Current Year Balance Sheet
- Sample Invoice
- Prior Year Profit and Loss Statement
- Prior Year Balance Sheet
- Accounts Receivable Aging Report
- Accounts Payable Aging Report