



Fax completed form to (407) 650-3370 or Email to JemBiz@JemBiz.com

Questions, call Jorge E. Machado (407) 902-5392

Our application process is a simple 3 step process:

### Step I:

Initial documents required for issuance of term sheet

- Brief description of your business in general and specifically what financing needs you may have. and this application form
- Last 3 months accounts receivable aging reports.
- Last 3 months accounts payable aging reports.
- Last two fiscal years and most current interim financial statements.
- Last 2 months bank statements

**After satisfactory review of the above we will issue a term sheet for your working capital needs.**

### Step II:

After accepting the term sheet will we will need the below to prepare closing and funding documents.

- Articles of Incorporation/ Articles of Organization/ Operating Agreement
- Customer List (Name address phone number)
- Sampling of invoices and supporting documentation that you require or your customers required for payment.
- Last year personal tax returns of all shareholders.
- Most current personal financial statement on all shareholders.
- Copies of credit applications obtained, if any, on account debtors (your customers).
- Purchase Order application, if applicable
- Last 2 months inventory reports, in applicable

**If any of the above are not applicable to your business please just notate N/A next to them.**

### Step III:

Sign closing documents and fund



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**COMPANY INFORMATION:**

Company Name: \_\_\_\_\_

DBA's or Affiliates: \_\_\_\_\_

Main Office Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address/ Web Address: \_\_\_\_\_

Corporation, Partnership, LLC or Sole Proprietorship (Circle One) Year incorporated: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

**FINANCIAL INFORMATION:**

Total Annual Revenues: \$ \_\_\_\_\_

Est. Annual (\$) of Funding Need: \$ \_\_\_\_\_

States Conducting Business: \_\_\_\_\_

Branch Locations (please include address, phone and fax numbers):

\_\_\_\_\_

Bank Reference (include contact name, address and phone number):

\_\_\_\_\_

\_\_\_\_\_

List 3 Major Vendor References (include contact name, address and phone number):

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Professional References (i.e. accountant, attorney) (include name, address and phone number):

1) \_\_\_\_\_

2) \_\_\_\_\_



**ACCOUNTS RECEIVABLE INFORMATION:**

Are your accounts receivables subject to any liens, assigned or pledged to any secured party?  
No \_\_\_\_\_

If Yes, explain (list secured parties and dates of filing): \_\_\_\_\_  
\_\_\_\_\_

Average number of invoices per months: \_\_\_\_\_, Average invoice amount \$ \_\_\_\_\_

Annual bad debt write off \$ \_\_\_\_\_,  
Who have you written off in last 12 months: \_\_\_\_\_  
\_\_\_\_\_

Do you deliver from Purchase Orders? \_\_\_\_\_ Do you work from contracts? \_\_\_\_\_

Any progressive billings, Consignment sales, or guaranteed sales?  
If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**BACKGROUND - FILINGS**

Has the Company or any of its Officers and/or Directors filed for Bankruptcy? \_\_\_\_\_

Are there any Outstanding Tax Liabilities or Judgments? No

If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Has the Company or any of its Officers and/or Directors filed for Bankruptcy in the past seven years? No: \_\_\_\_\_

If Yes, Explain: \_\_\_\_\_

Have any of the Officers and/or Directors been convicted, plead guilty or no-contest to a crime?

No

If Yes, Explain: \_\_\_\_\_

Other Comments: \_\_\_\_\_

**PAYROLL INFORMATION**

How much is your average weekly payroll? \_\_\_\_\_

Please provide a copy of the last month's payroll (ie copies of bank statement with withdrawals or ACH from payroll company).

Are all payroll taxes paid and current? \_\_\_\_\_ If No, Explain: \_\_\_\_\_  
\_\_\_\_\_



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For each shareholder, partner or member that has ownership of 20% or more or any individuals that controls the day to day operations of the business:

<b>Name</b>	
<b>Address</b>	
<b>City</b>	
<b>Zip</b>	
<b>Social Security #</b>	
<b>DOB</b>	

<b>Name</b>	
<b>Address</b>	
<b>City</b>	
<b>Zip</b>	
<b>Social Security #</b>	
<b>DOB</b>	

<b>Name</b>	
<b>Address</b>	
<b>City</b>	
<b>Zip</b>	
<b>Social Security #</b>	
<b>DOB</b>	



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***I certify that the information above is true and correct and authorize JemBiz, LLC d/b/a JemBiz Loans and/or its assigns to perform credit and criminal background checks as they deem necessary in connection to this financing request.***

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

***Shareholders:***

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



JemBiz Loans

***JEMBIZ Loans***

3956 Town Center Blvd- Suite 246  
Orlando, FL 32837  
T - (407) 902-5392 F - (407) 650-3370

JemBiz@JemBiz.com

[www.JemBiz.com](http://www.JemBiz.com)

Applicant's Name \_\_\_\_\_

### SUGGESTED FORMAT



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### SCHEDULE OF LIABILITIES (Notes, Mortgages and Accounts Payable)

Date of Schedule \_\_\_\_\_

Name of Creditor	Original amount	Original date	Current balance	Current or delinquent?	Maturity date	Payment amount (Month- Year)	How Secured

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Title



## PERSONAL FINANCIAL STATEMENT

**IMPORTANT:** Read these directions before completing this Statement

- If you are applying for individual credit in your own name and are relying on your own income, or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections 1, 3 and 4.
- If you are applying for joint credit with another person, complete all Sections and provide information in Section 2 about the joint applicant **AND INITIAL THE FOLLOWING STATEMENT: *We intend to apply for joint credit*** Section One Individual: \_\_\_\_\_ Section Two Individual: \_\_\_\_\_ .
- If you are applying for individual credit but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections. Provide information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying on. Alimony, child support, or separate maintenance income, need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Section 1 - Individual Information (type or print)		Section 2 - Other Party Information (type or print)	
Name		Name	
Address		Address	
City, state & zip		City, state & zip	
Position or occupation	Email:	Position or occupation	Email:
Business name		Business name	
Business address		Business address	
City, state & zip		City, state & zip	
Length of employment		Length of employment	
Res. Phone	Bus. phone	Res. Phone	Bus. Phone

Section 3 - Statement of Financial Condition as of _____ 20 _____			
Assets (Do not include assets of doubtful value)	In dollars (omit cents)	Liabilities	In Dollars (omit cents)
Cash on hand and in banks		Notes payable to banks due in year or less -see Schedule E	
Cash surrender value-life insurance-see Schedule D		Notes payable to others - see Schedule E	
U.S. Gov't & marketable securities-see Schedule A		Unsecured Revolving Debt	
Securities held by broker in margin accounts		Auto Loans - \$ / Month	
<b>Total Liquid Assets</b>		Other Time Notes - \$ / Month	
Non-marketable securities-see Schedule B		Accounts and bills due	
Retirement Funds (IRA, 401k, SEP, other)		Unpaid income tax	
Wholly owned Real estate owned-see Schedule C		Other unpaid taxes and interest	
Net Real estate interest Partially see Schedule F		Real estate mortgages payable-see Schedules C & E	
Accounts, loans, and notes receivable		Other debts -itemize	
Automobiles			
Other personal property			
Business owned Value – Schedule F			
Other assets-itemize-see Schedule F if applicable			
		<b>Total Liabilities</b>	
		<b>Personal Net Worth</b>	
<b>Total Assets</b>		<b>Total Liabilities and Net Worth</b>	

Section 4 - Annual Income For Year Ended _____ 20 _____	Annual Expenditures	Contingent Liabilities	Estimated Amounts
Salary, bonuses & commissions \$ _____	Mortgage/rental payments \$ _____	Do you have any ... Yes No	
Dividends & interest _____	Real estate taxes & assessments _____	Contingent liabilities (as endorser, Co-maker or guarantor? ... On Leases? on contracts?) <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Real estate income _____	Insurance payments _____	Involvement in pending legal actions? <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Other Income (alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.) _____	Other contract payments (car payments, charge cards etc.) _____	Other special debt or circumstances? <input type="checkbox"/> <input type="checkbox"/>	\$ _____
	Alimony, child support, Maintenance Other expenses _____	Contested income tax liens? <input type="checkbox"/> <input type="checkbox"/>	\$ _____
		Have any signer or applicant Filed for bankruptcy in last 7 years? <input type="checkbox"/> <input type="checkbox"/>	
<b>Total Income</b> \$ _____	<b>Total Expenditures</b> \$ _____	<b>Total Contingent Liabilities</b> \$ _____	

(COMPLETE SCHEDULES AND SIGN ON REVERSE SIDE)



### SCHEDULE A - U.S. GOVERNMENT & MARKETABLE SECURITIES

Number of Shares or Face Value of Bonds	Description	In Name of	Are These Registered Pledged or Held by others?	Market Value

### SCHEDULE B - NON-MARKETABLE SECURITIES

Number Of Shares	Description	In Name of	Are These Registered Pledged or Held by Others?	Value	Source Of Value

### SCHEDULE C - RESIDENCES AND OTHER REAL ESTATE (PARTIALLY OR WHOLLY OWNED)

Address and Type of Property	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	Monthly Payment	Mortgage Amount	Mortgage Maturity
Residence(s)								
Residence(s)								
Other								
Other								

### SCHEDULE D - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Loans	Cash Surrender Value

### SCHEDULE E - BANK AND OTHER INSTITUTIONAL RELATIONSHIPS

Name and Address of Creditor	Original Loan/Line Amount	Date of Loan	Maturity Date	Unsecured or Secured (List collateral)	Amount Owed

### SCHEDULE F - BUSINESS VENTURES AND NET REAL ESTATE INTERESTS

List Name and Address of Any Business Venture In Which You Are a Principal or Partner	Total Assets Listed In Section 3	Your % of Ownership	Your Position/Title In the Business	Total Assets Of Re Value	Line of Business or type of RE	Years Owned

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the credit worthiness of the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

**Signature (individual)** \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date signed \_\_\_\_\_, 20\_\_\_\_

Date of Birth \_\_\_\_\_

**Signature (other party)** \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date signed \_\_\_\_\_, 20\_\_\_\_

Date of Birth \_\_\_\_\_





## CREDIT AUTHORIZATION FORM

The undersigned individual, who is either a principal/owner of the applicant for a business loan, or intends to or is a guarantor of the Company's obligations, provides this written authorization to JemBiz LLC d'b'a JemBiz Loans and/or its Lenders, together with its affiliates or assigns, authorizing review of the undersigned individual's personal credit profile by inquiry to a national credit bureau. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and for reviewing and collecting the resulting loan, if such loan is made. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below (either electronic, facsimile or original), I/we affirm our identity as the respective individuals identified in the related business credit application.

This form and authorization shall cease to be valid once an application is withdrawn, or declined and closed, or after any such loan which extends from this application is paid and satisfied in full, or by operation of law.

Company/DBA
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Print Name/Title	SSN
Personal Address/ Residence	City, State and Zip Code
Signed	Date

Print Name/Title	SSN
Personal Address/ Residence	City, State and Zip Code
Signed	Date

Print Name/Title	SSN
Personal Address Residence	City, State and Zip Code
Signed	Date

Please use only complete and legal name(s), with signature(s) being those of only duly authorized corporate officers(s), partner(s), member(s) or proprietor. This authorization also permits JEMBIZ Loans or its assigns to obtain personal bank checking and/or loan account ratings if provided by applicant. Thank you for your cooperation.



## AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize the release to Lender and/or assigns any and all information Lender and/or assigns may require at any time for any purpose related to our credit application and/or loan transaction with Lender and/or assigns.

I/We hereby authorize LENDER to release any and all information and/or data (including but not limited to personal and/or business financial statements, personal and/or business income tax returns, payment and/or credit history) to any entity LENDER deems necessary for any purpose related to our credit application/loan transaction with LENDER and/or assigns.

I/We hereby acknowledge that all loan approvals will be in writing and subject to the terms and conditions set forth therein.

\_\_\_\_\_  
Authorized Signature, Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature, Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature, Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature, Title

\_\_\_\_\_  
Date