

**Information Sheet to enter a Security Agreement for Financial Services**

1. Business Name (as shown on Articles of Incorporation or Partnership Agreement) \_\_\_\_\_  
\_\_\_\_\_ 2. Date Established \_\_\_\_\_  
3. Street Address \_\_\_\_\_ 4. County \_\_\_\_\_  
5. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ 6. Phone (\_\_\_\_) \_\_\_\_\_  
Fax(\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_ 7. Type of Business \_\_\_\_\_  
8. If doing business in more than one place, list additional addresses \_\_\_\_\_  
\_\_\_\_\_  
9. Does the business use a fictitious name? \_\_\_ Yes \_\_\_ No If yes, where is it filed? \_\_\_\_\_  
10. What is the fictitious name? \_\_\_\_\_  
11. State of incorporation? \_\_\_\_\_  
12. A copy of Articles of Incorporation and/or fictitious business name filing is provided \_\_\_ Yes \_\_\_ No  
13. If a partnership, where has partnership agreement been filed? \_\_\_\_\_

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**PRINCIPALS**

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**Please Circle One**

14. President, sole proprietor, or senior partner Name \_\_\_\_\_ DL# \_\_\_\_\_  
Home Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Social Security # \_\_\_\_\_  
% Owned \_\_\_ Own \_\_\_ Rent \_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ D.O.B \_\_\_\_\_

**Please Circle One**

15. Secretary or other partner Name \_\_\_\_\_ DL# \_\_\_\_\_  
Home Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Social Security # \_\_\_\_\_  
% Owned \_\_\_ Own \_\_\_ Rent \_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ D.O.B \_\_\_\_\_

**Please Circle One**

16. Other officer, shareholder, or partner Name \_\_\_\_\_ DL# \_\_\_\_\_  
Home Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Social Security # \_\_\_\_\_  
% Owned \_\_\_ Own \_\_\_ Rent \_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ D.O.B \_\_\_\_\_

**Please Circle One**

17. Other officer, shareholder, or partner Name \_\_\_\_\_ DL# \_\_\_\_\_  
Home Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Social Security # \_\_\_\_\_  
% Owned \_\_\_ Own \_\_\_ Rent \_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ D.O.B \_\_\_\_\_

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**SUPPORT INFORMATION**

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18. Name of Accountant \_\_\_\_\_ Firm \_\_\_\_\_  
Street Address, City, State, Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
19. Name of Attorney \_\_\_\_\_ Firm \_\_\_\_\_  
Street Address, City, State, Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
20. Name of Insurance Agent \_\_\_\_\_ Firm \_\_\_\_\_  
Street Address, City, State, Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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## GENERAL INFORMATION

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21. Federal Identification Number \_\_\_\_\_ Number of Employees \_\_\_\_\_
22. How often do you file 941 payroll taxes? Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Yearly \_\_\_\_\_
23. Do you have any Federal or State taxes past due? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, has lien been filed? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you have any outstanding Judgements? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how much? \_\_\_\_\_
24. How often are financial statements prepared? \_\_\_\_\_ (Please attach most recent copies.)
25. Does your business require special local, state or federal license or permit? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list, including the ID number \_\_\_\_\_
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## BANKING INFORMATION

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### BUSINESS CHECKING ACCOUNT

26. Name of Bank \_\_\_\_\_ How long with bank? \_\_\_\_\_
27. Street Address, City, State, Zip \_\_\_\_\_
28. Account No. \_\_\_\_\_ Name of Bank Officer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### BUSINESS LOAN ACCOUNT

29. Name of Financial Institution \_\_\_\_\_ How long with institution \_\_\_\_\_
30. Street Address, City, State, Zip \_\_\_\_\_
31. Type and Amount of Loan \_\_\_\_\_ Type of Collateral \_\_\_\_\_  
PERSONAL ACCOUNT OF \_\_\_\_\_ President \_\_\_\_\_ Proprietor \_\_\_\_\_ Partner \_\_\_\_\_ Secretary

32. Name of Bank \_\_\_\_\_ Account No. \_\_\_\_\_
33. Street Address, City, State, Zip \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_
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## SUPPORT INFORMATION

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34. Amount of Receivables Now Open? \_\_\_\_\_ Average Monthly Sales? \_\_\_\_\_
35. Approximate No. of Accounts? \_\_\_\_\_ Terms of Sales \_\_\_\_\_
36. Do you factor now or have you factored before? Yes \_\_\_\_\_ No \_\_\_\_\_
37. If yes, with what company? \_\_\_\_\_
38. Are your receivables pledged as collateral? Yes \_\_\_\_\_ No \_\_\_\_\_
39. If yes, to whom pledged? \_\_\_\_\_
40. Any other Commercial Loans/Leases Outstanding? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \_\_\_\_\_
41. If yes, to whom and what pledged? \_\_\_\_\_

*\*If additional space is required, please list on separate sheet.*

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## SUPPLIER INFORMATION

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### 42. LIST OF PRINCIPAL SUPPLIERS

- | Name     | What do they supply? | Phone |
|----------|----------------------|-------|
| 1. _____ | _____                | _____ |
| 2. _____ | _____                | _____ |
| 3. _____ | _____                | _____ |

# CUSTOMER INFORMATION

43. Name	Address	Phone	Credit Line
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

44. Amount you intend to factor on a monthly basis \_\_\_\_\_

45. An Accounts Receivable Ageing or ledger sheet is hereby provided. Yes \_\_\_\_ No \_\_\_\_

46. Are you presently leasing your business space? Yes \_\_\_\_ No \_\_\_\_

Name of Landlord and/or management company.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_

Term of present lease \_\_\_\_\_

Amount of monthly rental \$ \_\_\_\_\_

47. Are you currently under the protection of the United States Bankruptcy Laws? \_\_\_\_\_

48. Why do you want to finance your Accounts Receivable? \_\_\_\_\_

49. Please list any other companies you feel may benefit from our program \_\_\_\_\_

50. Who referred you to us? \_\_\_\_\_

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## PERSONAL REFERENCES

*(KNOWN FOR AT LEAST TWO YEARS)*

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NAME	ADDRESS	PHONE NUMBER
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NAME	ADDRESS	PHONE NUMBER
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NAME	ADDRESS	PHONE NUMBER
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NAME	ADDRESS	PHONE NUMBER
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NAME OF NEAREST RELATIVE NOT LIVING WITH YOU	ADDRESS	PHONE NUMBER
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## BUSINESS REFERENCES

*(CUSTOMERS ONLY)*

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COMPANY NAME	INDIVIDUAL	ADDRESS	PHONE NUMBER
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COMPANY NAME	INDIVIDUAL	ADDRESS	PHONE NUMBER
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COMPANY NAME	INDIVIDUAL	ADDRESS	PHONE NUMBER
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COMPANY NAME	INDIVIDUAL	ADDRESS	PHONE NUMBER
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COMMENTS

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This serves as my permission for the release of any information regarding this application for the purposes of credit investigation of myself or the company I represent. Please begin the verification and remittance address change process for the accounts receivable submitted to you in order for us to qualify as a client. The above statements are true and accurate to the best of my information and belief.

Dated \_\_\_\_\_, 20\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Pacific Business  
Capital Corporation**

245 Fischer Ave., Ste. A-1 • Costa Mesa, CA 92626  
Phone (714) 957-0755 • Fax (714) 751-0677  
Website <http://www.pbcc.com> • Email [pbcc@pbcc.com](mailto:pbcc@pbcc.com)

