



gerber finance

Finance Application

Dated: _____

Originator Name / Telephone No.

PLEASE PROVIDE ALL INFORMATION REQUIRED; FAILURE TO PROVIDE ALL INFORMATION MAY LEAD TO DELAYS. If the space provided is not sufficient for your answers, please use additional sheets of paper and make them part of this application.

CLIENT INFORMATION:

Complete Legal Business Name: _____

Street Address: _____

City, State, Zip Code, County: _____

Telephone Number: _____

Alternate: _____

Facsimile Number: _____

Alternate: _____

Street Address and County of:

A. Executive/Corporate Offices: _____

B. All other locations where you do business: _____

C. Location of books and records relating to accounts receivable: _____

D. Warehouse Facilities: _____

Indicate if warehouse is: ☐ Public ☐ Leased ☐ Owned

Type of Legal Entity (select one): S Corporation C Corporation Limited Liability Corporation

Jurisdiction (State and County) in which organized or certificate filed: _____

Date Organized: _____

Is the Corporation in good standing?: ☐ Yes ☐ No

Federal Tax ID #: _____ State Tax #: _____ Local Tax #: _____

Type of Business (supply brochure or literature): _____

Trade Name and Trade Styles Used: _____

Prior Names (d/b/a Company or Trade) used within the last five (5) years and dates when used: _____

Name, Address, and Contact Name for your Accountant: _____	
Telephone Number: _____	Facsimile Number: _____
Name, Address, and Contact Name for your Attorney: _____	
Telephone Number: _____	Facsimile Number: _____
Name, Address, and Contact Name for your Bank: _____	
Telephone Number: _____	Facsimile Number: _____
Does the business have accounts and/or relationships with other Banks? <input type="checkbox"/> Yes <input type="checkbox"/> No.	
If Yes, please provide the additional information: _____	

OWNERSHIP AND MANAGEMENT INFORMATION:
List the names, complete addresses, telephone/facsimile and social security numbers of all:

1. STOCKHOLDERS:

STOCKHOLDER NAME	HOME ADDRESS/ PHONE NO.	SOCIAL SECURITY NO.	% OWNER

2. DIRECTORS:

NAME	HOME ADDRESS/PHONE NUMBER	SOC. SEC. NUMBER

3. OFFICERS:

NAME	HOME ADDRESS/PHONE NUMBER	SOC. SEC. NUMBER

Have any of the above listed individuals ever been convicted of a felony ? ☐ Yes ☐ No.
If Yes, please attach a written explanation.

List the names, complete addresses, telephone/facsimile numbers of all:

A. Subsidiaries, with their respective relationships, business and ownership to you: _____

B. Affiliates, with their respective relationship to you: _____

List the states in which you are qualified to conduct business: _____

List the states in which you regularly conduct business, have sales representatives, or store inventory (Please give the exact business address(es) if at a fixed location): _____

FINANCIAL INFORMATION:

Are your payroll, federal and state income taxes, retirement and health and welfare plans funding payments current? ☐ Yes ☐ No

If No, please list all arrearages: _____

The last date payroll, state and federal income taxes were paid: _____

What payroll service, if any, do you utilize? _____

How many people do you employ full time? _____ Part time? _____

What is your average weekly gross payroll? _____

Are there any judgments existing or litigation pending against you? ☐ Yes ☐ No

If Yes, please list date, court and docket number and attach a written explanation. _____

Have you ever filed (or has someone ever filed on your behalf) for bankruptcy protection, either personally or on behalf of a corporate entity with which you were associated in any way? ☐ Yes ☐ No

If Yes, please list date, name under which filing occurred and attach a written explanation:

In addition to the above information, please provide:

- 1) Copy of current inventory report
- 2) Copy of current accounts receivable aging
- 3) Copy of accounts payable aging
- 4) Copy of current financial statement, and two prior fiscal years
- 5) Copy of tax returns for two prior fiscal years
- 6) Copy of articles of incorporation
- 7) List of personal and trade references
- 8) Personal financial statements of the shareholder(s)
- 9) Copy of each shareholders driver's license

Financial statements are (select one): Compiled Reviewed Audited.

COLLATERAL SECURITY INFORMATION:

Please provide the following information about your inventory:

1. What is the current value of your inventory (lower of cost vs. market value)? _____
2. List all locations where inventory is stored:

NAME AND ADDRESS OF FACILITY	CONTACT PERSON	% OF INVENTORY AT LOCALE

3. Are all payables relating to or owing to the warehouse current? ☐ Yes ☐ No
If No, please list all amounts owing and to whom? _____

4. Have any items in your inventory been sold to you on a consignment basis? ☐ Yes ☐ No

5. List the name(s) of your quality control and customs agent(s). _____

Please provide the following information about your accounts receivable:

1. Current value of accounts receivable? _____
2. Normal selling terms: _____
3. Are any of your sales secured by a Letter of Credit? ☐ Yes ☐ No
4. Do you buy goods or services from any of your customers? ☐ Yes ☐ No
5. What is the average dilution on your accounts receivable? _____
6. What percentage of sales are on a cash, credit card or COD basis? _____

Please provide the following information about and submit copies of all liens on your company:

1. List all UCC-1 Financing Statements filed and/or to be filed on you:

NAME OF SECURED PARTY	STATES WHERE FILED	COLLATERAL COVERED*

* insert ALL if blanket lien

2. List all other security interests you have granted that cover inventory and/or accounts receivable:_____

3. List all tax liens, or liens relating to judgments or actions pending, against you:_____

4. Does anyone claim a purchase money security interest over all or part of your inventory? Yes No

Please provide the following information on all sources of financing available to or used by you:

NAME OF LENDER	AMOUNT OF AVAILABLE LOAN	SECURITY FOR LOAN

The foregoing statements have been carefully read by me and I hereby solemnly declare and certify that the same are true and correct and that I have the authority to provide the information and be bound by the terms of this application. Gerber Finance Inc. is authorized to (1) request, receive and verify personal and corporate credit reports and other financial information regarding applicant and its business that Gerber Finance Inc. deems appropriate; and (2) verify any information contained in this application, in any documents, schedules, reports, statements and/or other information provided under or pursuant to this application, or learned by Gerber Finance Inc. as part of its investigation and review of this application, applicant or applicant's business.

Applicant's Signature

Name of Company:_____

Print Name of Person Signing:_____

Title of Person Signing:_____ Date:_____