

# SKY NET CAPITAL

<b>GENERAL BUSINESS INFORMATION</b>			
Legal Name of Business/Corp:			
Trade Name (DBA):			
Primary Business Address:			
List other Business Locations:		Type of Business:	
Telephone:	Fax:	Cell:	Email:
Legal Form of Business <input type="checkbox"/> Corporation (State _____) <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other _____			
Federal Tax ID#:		Date business was registered:	
How did you hear about us or who where you referred by?			
<b>ACCOUNTS RECEIVABLE INFORMATION</b>			
Average Monthly Sales \$:		Amount of financing requested \$:	
Average Number of Invoices per Month:		Average Invoice Value \$:	
Number of Active Customers with Open Balance?:		What methods do your customer use to pay you?:	
Standard Terms of Sale:	Any terms over Net 60?	Write off % last 12 months?	
<b>BACKGROUND INFORMATION</b> <i>(Please explain any "Yes" answers)</i>			
Are there any loans, private or commercial, now outstanding?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:	
Are there any Judgments, Liens or Bankruptcy Filings now pending, in effect or discharged against the company or owners?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:	
Has any Owner, Officer, or Principal Manager of the Company ever been convicted of a felony?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:	
Are any Federal or State taxes, including Payroll Taxes, delinquent?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:	
Do you use a payroll service such as ADP, Paychex or your bank?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:	
Do you have any ownership in other companies? Has the Company ever operated under a different name?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:	
<b>OWNER/OFFICER INFORMATION</b>			
Owner/Officer Name:			
Street Address:			
City:		State:	Zip:
Social Security #:	Driver's License:		Date of Birth:
Position:	Ownership Percentage:		Phone #:
Owner/Officer Name:			
Street Address:			
City:		State:	Zip:
Social Security #:	Driver's License:		Date of Birth:
Position:	Ownership Percentage:		Phone #:
Are there any additional owners? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>AUTHORIZATION TO RELEASE INFORMATION</b>			
The undersigned submits this APPLICATION to provide information necessary and to be related upon in assessing the potential of a commercial financing relationship, and states all information contained herein is true and accurate. The undersigned authorizes you, affiliates, assignees and other lending partners to investigate all information provided herein and any additional documentation supplied to you, and you are hereby authorized to check the credit and financial background of the company and the owners and officers. A photocopy, including fax copy, may be accepted as an original.			
Signature	Print Name		Title
Signature	Print Name		Date