

C R E D I T E L I G I B I L I T Y S U R V E Y

MidCap Business Credit
 433 South Main Street, Suite 212, West Hartford, CT 06110
 Voice: 1-800-970-9997 Fax: 1-800-217-0500

Show all amounts to the nearest thousand.

Business Name _____	Date _____
Contact _____	Title _____
Address _____	E-mail _____
City _____	State _____ Zip _____
Phone: _____	Fax: _____
Business Starts: / / Ever Bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Line of Business _____
Number of Employees: _____	Fiscal Year End: / /
Federal Tax ID No: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	State of Incorporation: _____
Organized As: <input type="checkbox"/> LLC <input type="checkbox"/> Unincorporated: <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation	
Can you print agings of accounts receivable, accounts payable & inventory status reports to a file? Yes <input type="checkbox"/> No <input type="checkbox"/>	

O W N E R S H I P

Name	Title	% Owned	Social Security Number	Home City, State	Home Phone

F I N A N C I A L S T A T E M E N T S & P R O J E C T I O N S

Business financial statements for the last three year-ends and interim period are enclosed.

Latest Year-End	Next Preceding Year-End	Next Preceding Year-End	Year-to-Date
-----------------	-------------------------	-------------------------	--------------

Cash flow statement and income and balance sheet for the next fiscal year-end period are enclosed – monthly projections are preferred.

Personal financial statements prepared on our form will be required on all of the above listed owners whose ownership is 20% or more.

Copies of business and 20% owners' personal federal income tax returns for the most recent two year period will be required. These returns will be picked up from you at the time of our visit to your facility.

L O A N R E Q U E S T

We require a **first** lien on all assets we finance. Please list the names of the lien holders' collateral and amount needed to release liens.

Lien Holder	Collateral	Debt Due
	To Pay Accounts Payable	
	To Pay Taxes. (Type)	
	To Pay Other, (Explain)	
	Total Financing Needs:	

A C C O U N T S P A Y A B L E A N A L Y S I S • A G I N G D A T E D _____

Total	Debit Balance	Cash Overdraft	30 Days	60 Days	90 Days	Over 90 Days

Accounts Payable – Concentration – List the five largest accounts payable included in the above aging total.

	Name	Total	30 Days	60 Days	90 Days	Over 90 Days
1						
2						
3						
4						
5						
	Total					

MidCap Business Credit
 433 South Main Street, Suite 212, West Hartford, CT 06110
 Voice: 1-800-970-9997 Fax: 1-800-217-0500

ACCOUNTS RECEIVABLE ANALYSIS • AGING DATED _____

Total	Credit Balance	Future	30 Days	60 Days	90 Days	Over 90 Days

Accounts Receivable – Concentration – List the five largest accounts receivable included in the above aging total.

Name	Total	30 Days	60 Days	90 Days
1				
2				
3				
4				
5				
Total				

Please use common month-end for accounts receivable and payable.

Average Monthly Sales	Selling Term	Days Sales Outstanding
Number of Active Accounts	Average Invoice Size	Sales Backlog
		Months

Our Firm Makes Sales To:

- International Customers Yes No
- U.S. Government Yes No
- Affiliated (Intercompany) Companies Yes No
- Our Vendors Yes No

Contained Within Our Accounts Receivable Are:

- Progress Billings Yes No
- Retainage For Work Performed Yes No
- Guaranteed Buy Back Arrangements Yes No
- Consignment Sales Yes No

O T H E R C O L L A T E R A L

Inventory	Located at _____	Machinery & Equipment
Classification	Description	Appraiser
Raw Material		Appraisal Date
Work in Process		Appraised Liquidation Value
Finished Goods		Comments
Total Inventory		

P R O F E S S I O N A L S

Banker	Firm	Contact
Address	City	State Zip
Phone:	Fax:	E-mail
Insurance Agent	Firm	Contact
Address	City	State Zip
Phone:	Fax:	E-mail
Accountant	Firm	Contact
Address	City	State Zip
Phone:	Fax:	E-mail
Attorney	Firm	Contact
Address	City	State Zip
Phone:	Fax:	E-mail

Application Prepared By:	Your Contact Is:
Tell us how you learned of our company?	Who can be reached at:

Application Prepared by: _____