

APPLICATION GUIDE



Getting Started with **advance**

This guide is designed to clarify information requested

BUSINESS INFORMATION

BUSINESS NAME:

State your business name as it appears on your Articles of Incorporation or Tax documents. If you have not yet formed your business entity please indicate: "an entity to be determined". (Call 888.651.6500 ext. *(if you need assistance in incorporating.)

WEBSITE ADDRESS:

We'd love to see you online! This helps us to immediately better understand your business and the industries and areas that you serve.

FEDERAL TIN#:

Your Tax ID Number as it appears on IRS form SS-4 or your tax return documents. If not yet received, indicate "pending". www.irs.gov to apply.

ADDRESS:

Your primary office location.

ADDITIONAL LOCATIONS:

List every additional office you have and its address; attach another sheet if needed.

BUSINESS STRUCTURE

YOUR STRUCTURE:

State how your business is organized (S-Corp, C-Corp, LLC, Limited Partnership, Sole Proprietor).

OWNER OF BUSINESS SINCE:

List the date your on your Articles of Incorporation.

BUSINESS SUMMARY

NUMBER OF IN-HOUSE EMPLOYEES:

Number of direct employees working for the business (including yourself).

NUMBER OF PLACED EMPLOYEES:

Number of indirect employees working for the business in an average week.

PERCENTAGE OF REVENUES:

State the approximate percentage of annual revenue you project and from what industry. If you're just getting started, indicate which industries you anticipate as the source of your revenue.



to assist you as you complete your application.

COMPANY ASSETS PLEDGED:

List any financing liens on your business assets. (If you have other lines of credit, funding facilities, leased equipment, etc., there is likely a corresponding lien.)

ACCOUNTS RECEIVABLE FINANCING:

If you are currently financing accounts receivable with a funding company, bank, or other secured lender, we'd like to know the name and location, but this information is **NOT** required.

CURRENT CONTRACT:

Please indicate if you are currently under contract for funding services, list the expiration date (usually your anniversary date) of your current contract and if advance notice of termination is required.

PAYROLL PROCESSING

Self-explanatory and is most helpful for prospective clients considering our full-service product.

BUSINESS OWNERS INFORMATION

PERSONAL INFORMATION

State all personal information (full name, date of birth, Social Security number, etc). This is required to request credit and background information as a part of our approval process.

SCHEDULE OF OTHER ASSETS

List all assets that you personally own (cars, boats, CD's, 401k's, etc.).

SCHEDULE OF OTHER LIABILITIES

List all debts that you owe personally (credit cards, auto loans, student loans, etc.). (Should you require more room, call 888.651.6500 ext. (* for a Personal Financial Statement Form.)

APPLICATION SUBMISSION AND REQUIRED INFORMATION

SIGNATURE(S)

Upon completion, sign the application (if there is more than one owner of the business, all must sign).

ACCOUNTS RECEIVABLE AGING REPORT ATTACHMENT

Attach most recent Accounts Receivable Aging Report (by invoice date if possible).

SPECIAL NOTE:

Email is inherently unsecured. We do not recommend email submission of your application and documents and are not responsible for any personal information lost or stolen.



Application for Funding Services

3401 Enterprise Pkwy (216) 831-8900
 5th Floor (888) 651-6500
 Cleveland, OH 44122 (216) 831-8819 Fax

Date of Application: _____ (mm/dd/yyyy)

For Advance Use Only: Sales Person Name: _____ Source of Request: _____ Service Level Requested: _____

Application Resubmission? Yes No

Business Information

Business Name: _____ Date of Incorporation: _____ Federal T.I.N.# _____
 d/b/a (if any): _____
 Address: _____ Telephone _____ Fax _____
 City: _____ State: _____ Zip Code: _____
 Lease / Own?: _____ Website Address _____
 How Long at this address? _____
 Previous Location (if less than 2 years): _____
 Additional Locations?: _____ (please indicate total number of offices)
 (Please List Addresses): _____

Business Structure

State of Incorporation or Registration: _____ Annual Revenue (Last tax return) _____
 Net Income (Last Tax Return) _____
 Business Structure: _____ Business Cash on Hand _____
 Name of Bank _____
 Owner of Business Since: _____ Forecasted Revenue for this year _____

1. Has the Business or any Principal ever been involved in any litigation or other legal claims? Yes No
 2. Is the Company in good standing with the Secretary of State? Yes No
 3. Has the Business or any principals ever declared Bankruptcy? Yes No Date: _____
 4. Are any Business, Payroll or personal tax payments currently past due? Yes No Amount: _____
 5. Are you restricted by any non-compete or non-solicitation agreement? Yes No

Business Summary

Number of In-House Employees		Number of placed/contracted employees	
Approximate % of Revenue in:	Clerical Administrative _____	Professional _____	Permanent Placement _____ Other (please describe) _____
	Accounting/Bookkeeping _____	Light Industrial _____	Healthcare _____
	Technical/IT _____	Heavy Industrial _____	Engineering _____

Are any of the Company's assets pledged? Yes No
 If Yes, what assets pledged?: _____
 Description/Address: _____

Insurance Provider: _____ Name of Agent _____ Phone: _____
 Building Coverage: _____ Inventory Coverage: _____ Equipment Coverage: _____ General Liability: _____
 Worker's Comp Carrier: _____ Is your policy in effect? Yes No Frequency of payments: _____

Is your Company currently financing its' Business Accounts Receivable? Yes No

If yes, with whom? _____ Contract?: Yes No
 Exp. Date: _____

Notification Window? _____ (Date Range)

Payroll Processing Information

Do you require separate reporting for multiple offices? Yes No Will you also require consolidated reporting for all offices? Yes No
 How many States do your employees work in? _____ Which States? _____
 Are your employees?: W-2 1099 Other What is your payroll schedule?: Daily Weekly Bi-Weekly Other
 Approximate Average Hourly Pay Rate? _____ Current method of processing payroll? Online Manual Third Party Other
 Approximate Average Hourly Bill Rate? _____ Current Software Used (name or service)?: _____

See Reverse for Business Owner Information & Signatures

Business Owners/Shareholders/Principal Information

Owner 1

Name _____ Title: _____	
% of Ownership _____	Date of Birth _____ SSN: _____
Home Address _____	Email Address _____
City _____	State _____ Zip Code _____
Home Phone/Cellular _____	Annual Personal Income _____
Personal Cash & Investments _____	Name of Banking Institution _____
<input type="checkbox"/> Own Home <input type="checkbox"/> Rent Home	Number of Years at Address _____
Market Value of Residence? _____	Amount Owed? _____ Monthly Payment _____
Schedule of Other Assets _____	Value \$\$ _____ Schedule of Liabilities _____ Owing? _____
_____	_____
_____	_____
_____	_____
(attach additional worksheet if needed)	Net Worth: \$0

Owner 2

Name _____ Title: _____	
% of Ownership _____	Date of Birth _____ SSN: _____
Home Address _____	Email Address _____
City _____	State _____ Zip Code _____
Home Phone/Cellular _____	Annual Personal Income _____
Personal Cash & Investments _____	Name of Banking Institution _____
<input type="checkbox"/> Own Home <input type="checkbox"/> Rent Home	Number of Years at Address _____
Market Value of Residence? _____	Amount Owed? _____ Monthly Payment _____
Schedule of Other Assets _____	Value \$\$ _____ Schedule of Liabilities _____ Owing? _____
_____	_____
_____	_____
_____	_____
(attach additional worksheet if needed)	Net Worth: \$0

Owner 3

Name _____ Title: _____	
% of Ownership _____	Date of Birth _____ SSN: _____
Home Address _____	Email Address _____
City _____	State _____ Zip Code _____
Home Phone/Cellular _____	Annual Personal Income _____
Personal Cash & Investments _____	Name of Banking Institution _____
<input type="checkbox"/> Own Home <input type="checkbox"/> Rent Home	Number of Years at Address _____
Market Value of Residence? _____	Amount Owed? _____ Monthly Payment _____
Schedule of Other Assets _____	Value \$\$ _____ Schedule of Liabilities _____ Owing? _____
_____	_____
_____	_____
_____	_____
(attach additional worksheet if needed)	Net Worth: \$0

Owner 4

Name _____ Title: _____	
% of Ownership _____	Date of Birth _____ SSN: _____
Home Address _____	Email Address _____
City _____	State _____ Zip Code _____
Home Phone/Cellular _____	Annual Personal Income _____
Personal Cash & Investments _____	Name of Banking Institution _____
<input type="checkbox"/> Own Home <input type="checkbox"/> Rent Home	Number of Years at Address _____
Market Value of Residence? _____	Amount Owed? _____ Monthly Payment _____
Schedule of Other Assets _____	Value \$\$ _____ Schedule of Liabilities _____ Owing? _____
_____	_____
_____	_____
_____	_____
(attach additional worksheet if needed)	Net Worth: \$0

Owner 1 Signature _____ Date _____

Owner 2 Signature _____ Date _____

Owner 3 Signature _____ Date _____

Owner 4 Signature _____ Date _____

By signing above you certify that you have full authority to act on behalf of the business entity and that all of the information in the application for Funding Services is true and correct in all respects. You authorize Advance Payroll Funding LTD to obtain credit information from any source (including but not limited to consumer reports from credit reporting agencies) about you individually (as authorized signer/owner/member/shareholder or otherwise principal business partner) and about the Business Entity in connection with the application and administration of any business services Advance Payroll Funding LTD may provide as a result of this application, to the extent not prohibited by law. You further agree that Advance Payroll Funding LTD may be required to verify the information reported to us. This verification process may require you to provide additional documentation that we, in our sole discretion, deem appropriate. We may also seek to verify the information by other means. We reserve the right to request additional information and/or signatures from you from time to time. This application will be the property of Advance Payroll Funding LTD whether or not a services agreement is executed. If you do not meet our criteria, we have the sole discretion to refer your application to potential third party relationships which Advance Payroll Funding LTD may enter into from time to time.