

Complete and fax this application to Working Capital Solutions (512) 339-1951



GENERAL INFORMATION

APPLICANT (Exact Corporate Name)

STREET ADDRESS	CITY	STATE	ZIP
PO. BOX	CITY	STATE	ZIP
PHONE ()	FAX ()		
TYPE OF BUSINESS	DATE BUSINESS STARTED	CURRENT MANAGEMENT SINCE	
COUNTY WHERE BUSINESS IS LOCATED	STATE OF INCORPORATION		
CHARTER NUMBER	<input type="checkbox"/> 'C' CORPORATION <input type="checkbox"/> 'S' CORPORATION		
FEDERAL I.D. NUMBER	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP		

OWNERSHIP/BOARD INFORMATION

OFFICER/PARTNER NAME	% OWNERSHIP	TITLE	SOCIAL SECURITY NUMBER	
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE ()
OFFICER/PARTNER NAME	% OWNERSHIP	TITLE	SOCIAL SECURITY NUMBER	
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE ()
OFFICER/PARTNER NAME	% OWNERSHIP	TITLE	SOCIAL SECURITY NUMBER	
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE ()

BANKING/PROFESSIONAL INFORMATION

BANK NAME	CHECKING ACCOUNT NUMBER	LOANS (yes/no)
CONTACT	TITLE	PHONE NUMBER ()
BANK NAME	CHECKING ACCOUNT NUMBER	LOANS (yes/no)
CONTACT	TITLE	PHONE NUMBER ()
ATTORNEY	PHONE NUMBER ()	
ACCOUNTANT	PHONE NUMBER ()	

cont.

Please note: The business situations described in this presentation are only examples of the types of results a customer might expect to achieve in utilizing State Bank's ABL Credit Line. Every customer's situation is different, and prospective customers are urged, together with their accounting and legal professionals, to analyze their particular business as it relates to the financing offered by State Bank. The ABL Credit Line is designed to work best for companies that are profitable, but experiencing shortages of available capital as a result of rapid growth in their business. While customers may terminate the ABL Credit Line at any time and without penalty, applicable documents will provide for the release of the bank's collateral only following payment of all obligations of the customer to the bank.

ACCOUNTS RECEIVABLE INFORMATION



ORDER ORIGATION:	<input type="checkbox"/> Purchase Order	<input type="checkbox"/> Contract	<input type="checkbox"/> Other		
INVOICING METHOD:	<input type="checkbox"/> Progressive	<input type="checkbox"/> At Completion	<input type="checkbox"/> At Shipment	<input type="checkbox"/> At Delivery	
TERMS (i.e., 2/10, Net 30)	AVERAGE NUMBER OF INVOICES PER MONTH	AVERAGE DOLLAR SIZE OF INVOICE	PROJECT PEAK MONTHLY FACTORING VOLUME		
ACCOUNTS RECEIVABLE	AT (DATE)	TOTAL BALANCE	CURRENT	30-60 DAYS	60+ DAYS
ACCOUNTS PAYABLE					

CUSTOMER REFERENCES (Please list your three largest customers.)

COMPANY NAME	PHONE NUMBER ()
ADDRESS	CITY STATE ZIP
CONTACT	CURRENT OUTSTANDING
COMPANY NAME	PHONE NUMBER ()
ADDRESS	CITY STATE ZIP
CONTACT	CURRENT OUTSTANDING
COMPANY NAME	PHONE NUMBER ()
ADDRESS	CITY STATE ZIP
CONTACT	CURRENT OUTSTANDING

Please provide the following documents when submitting this application. Please check if included.

- ☐ Detailed Accounts Receivable Aging
- ☐ Certificate of Incorporation
- ☐ Completed Corporate Resolution
- ☐ Articles of Incorporation or Appropriate Organizational Agreement
- ☐ Financial Statements (Last Interim), Not Older than 90 Days
- ☐ Company Brochures or Product Information, If Available
- ☐ Principal's Personal Financial Statements
- ☐ Last Three FYE Financial Statements on Business
- ☐ Last Two Years Federal Income Tax Returns on Business
- ☐ Detailed Accounts Payable Aging
- ☐ Last Two Employer's Quarterly Tax Returns - Form 941 (Plus Proof of Payment)
- ☐ Brief Summary of Business Activities and Background of Principals
- ☐ Copies of Three Actual Invoices and All Back-up to Support Invoices (i.e. Bills of Lading, etc.)

Please provide additional information or explanation in the space provided below.

I, individually and as an officer of the company, understand that State Bank and its agent will rely on the information provided in this Application in its evaluation of the company's request. I hereby warrant and represent that this information and any other information the company or I may supply to State Bank and its agent represents a correct, complete and accurate disclosure of all requested information on the company and does not omit any information, the omission of which would make the disclosed information misleading. The information also includes, whether requested or not, information that would materially impact the financial data included. I hereby authorize State Bank to share credit information about our company with its affiliates, subsidiaries, parent company, and all other parties permitted or required by law. I also authorize State Bank and its agent to perform required due diligence including, but not limited to, reference calls and credit reporting services from sources they deem necessary to complete their review. I also understand that knowingly providing false or misleading information to State Bank and its agent, or any of its affiliates or representatives may constitute a criminal offense.

SIGNATURE	DATE
PRINTED NAME	TITLE