



PRIME BUSINESS CREDIT, INC.
 1055 West 7th St., Suite 2200, Los Angeles CA 90017
 T: 213-225-1000 | F: 213-225-1090

NEW CLIENT APPLICATION

BUSINESS INFORMATION

Business Name				DBA / Trade Name, if any				
Address			City	State	Zip	Phone	Fax	E-mail
Secondary Address			City	State	Zip	Phone	Fax	E-mail
Business Entity Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/>				Year Established	State Established	Federal Tax ID #	DUNS #	
Industry Apparel / Textile <input type="checkbox"/> Non-Apparel <input type="checkbox"/>			Business Type Import <input type="checkbox"/> Manufacture <input type="checkbox"/> Distribute <input type="checkbox"/> Wholesale <input type="checkbox"/> Service <input type="checkbox"/>					
Product		Men Apparel <input type="checkbox"/>	Women Apparel <input type="checkbox"/>	Junior Apparel <input type="checkbox"/>	Textile Import <input type="checkbox"/>	Textile Convert <input type="checkbox"/>	Textile Knitting <input type="checkbox"/>	
		Other <input type="checkbox"/>	Describe _____					
Total A/R Balance	Avg. Monthly Sales	Sales Term	Avg. Invoice Amount	Avg. Days of A/R Paid	# of Inv. per Month	# of Customers		
Inventory Value	Inventory Insurance Yes <input type="checkbox"/> No <input type="checkbox"/>	Warehouse Size Sq. Ft.	Monthly Rent / Pymt	Property Insurance Yes <input type="checkbox"/> No <input type="checkbox"/>	# of Employees	Monthly Payroll Tax		
Trade Reference (Major Customers or Suppliers)	Name		Address				Phone	
	(1)							
	(2)							
(3)								

PRINCIPAL INFORMATION

Principal Name	Title	Ownership (%)	Social Security #	Date of Birth	Driver License #	
Home Address		City	State	Zip	Phone	Cell
Additional Principal Name, if Any	Title	Ownership (%)	Social Security #	Date of Birth	Driver License #	
Home Address		City	State	Zip	Phone	Cell

BANK & LOAN INFORMATION

Account Type Checking <input type="checkbox"/> Saving <input type="checkbox"/>	Bank Name	Branch	Contact Name	Phone Number	Account Number
Loan Type Line <input type="checkbox"/> SBA <input type="checkbox"/> Other <input type="checkbox"/>	Bank Name	Branch	Contact Name	Phone Number	Account Number

CPA INFORMATION

CPA Firm Name				CPA Name	
CPA Address		City	State	Zip	Phone

DECLARATION

The information supplied in this application and all forms and documents submitted to PRIME BUSINESS CREDIT, INC. in connection herewith is true and correct to the best of my knowledge and belief. I/We hereby authorize PRIME BUSINESS CREDIT, INC. to investigate my/our financial responsibility and creditworthiness including inquiry into credit agencies. I/We will provide additional information, as PRIME BUSINESS CREDIT, INC. deems necessary and requests including, but not limited to, financial statement, tax returns, etc.

Signature _____ Print Name _____ Title _____ Date _____