



# Business Application

2625 East Southlake Blvd. Suite 180  
Southlake, Texas 76092

817.416.8347 Phone  
817.488.2052 Fax

**PLEASE COMPLETE FULLY TO EXPEDITE PROCESSING**

**BUSINESS INFORMATION**

Company Or Business Legal Name:				Tax ID Number			
Registered Business Mailing Address:			City	State		Zip	
Business Physical Address (If Different)			City	State		Zip	
Parent Company: (IF SUBSIDIARY)				Business Website:			
Business Phone:		E-mail Address:		Fax#			
Type of Business:	Partnership / LLC <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	Corporation <input type="checkbox"/>	State of Incorporation:		Date of Inc	
Time At Address: Yrs.	Years in Business:	Business Sector/Services:					
Other Businesses Owned:							
Officers Name:			Title:	Ownership %	Authorized Signer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Officers Name:			Title:	Ownership %	Authorized Signer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Prior Bankruptcy: Y/N	Prior Judgement: Y/N	Party to a Lawsuit: Y/N		Payroll Taxes Delinquent: Y/N			
If "YES" to any of the above, Provide Dates and Explanations							

**BANK REFERENCES**

Primary Operating Bank Name:		Bank Officer Name:	
Bank Address:		Bank Phone Number:	
Primary Operating Bank Name:		Bank Officer Name:	
Bank Address:		Bank Phone Number:	

**BUSINESS TRADE REFERENCES**

Company Name: 1		Contact:
Business Address:		Phone #:
Company Name: 2		Contact:
Business Address:		Phone #:

**FINANCIAL INFORMATION ( Must be completed if applying for \$75,000 or less, not necessary if over \$75,000 )**

Business Information: <small>(All of the information to the right must be as of the same date)</small>	As of Date	Cash (\$)	Total Assets (\$)	Total Liabilities (\$)	Sales Yr. To Date	Net Income Yr. To Date	Comments:
Personal Information: <small>(All of the information to the right must be as of the same date)</small>	As of Date	Cash and Savings (\$)	Marketable Securities (\$)	Home Value (\$) If You Rent, NA	Mortgage Balance (\$)	Personal Taxes Paid Thru (Yr)	

**Important : The information above is essential to receiving a quick response. Please ensure all information is accurate.**

**PRINCIPAL'S INFORMATION**

Full Name:			Phone Number:		
Home Address:			City:	State:	Zip:
Social Security Number:		Date of Birth:		DL #:	
Full Name:			Phone Number:		
Home Address:			City:	State:	Zip:
Social Security Number:		Date of Birth:		DL #:	

**ACKNOWLEDGMENT / SIGNATURES**

By completing and electronically signing this application, I (we) authorize Capital Asset Resources and its lender affiliates to investigate this information, contact credit reporting agencies and other sources for the purpose of determining creditworthiness, verifying information stated herein, and to answer any questions about my (our) personal or business credit. I (we) certify that the information in this application is true and correct, and does not omit pertinent information. I (we) understand that misrepresenting information on this application, or any other information may be a criminal offense under

By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Authorized Signature  
 (Checking This Box Is Equivalent To Signing Above)

By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Authorized Signature  
 (Checking This Box Is Equivalent To Signing Above)