

Application

BUSINESS INFORMATION

Company Name		
Street Address		
Mailing Address		
Business Phone	Type of Business	Date of Formation
County Location	Type of Entity (sole prop, partnership, LLC, Corp)	
Federal ID#	Motor Carrier Number	

OWNERSHIP INFORMATION

Name	Ownership %	Title
Home Address	Social Security	Cell Phone
Name	Ownership %	Title
Home Address	Social Security	Cell Phone
Name	Ownership %	Title
Home Address	Social Security	Cell Phone

BANK INFORMATION

Bank Name	Contact	Title	Phone	Loans
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ACCOUNTS RECEIVABLE INFORMATION

Current AR Balance:	Avg. Invoice Size:	Projected Monthly Volume:
Work completed prior to invoicing: (Yes/No)	Master Service Agreement/Contract Required? (Yes/No –if yes, list customers):	
How are invoice submitted? (online, mailed, etc.)	List other requirements for invoice submission (AFE, PO, Signature, stamp, etc.)	
Taxes Current? (Federal/Payroll/Sales Tax)	Has any owner been convicted of a felony? Filed for Bankruptcy?	

REQUESTED INFORMATION

Articles of Incorporation / Assumed Name Certificate / Personal Financial Statement / Accounts Receivable Aging / Accounts Payable Aging / Sample Invoices / Company Financials / Copy of Driver's License / Insurance / W9 / Master Service Agreements/Contracts

AUTHORIZATION

I/We certify that I/we have made no misrepresentation in this application or in any related documents, and that all information is true and complete to the best of my/our knowledge. Cornerstone Funding ("CF") is authorized to verify with other parties and to make any investigation of my/our credit worthiness and financial responsibility either directly or through any agency employed by CF for these purposes. CF will not share credit information with third parties. I/We further authorize CF to make any uniform commercial code filings necessary.

Signature	Printed Name	Title	Date
1.			
2.			
3.			

Please tell us how you heard about us: