

pathward Application for Financing

Application Date:	
Business Development Officer:	
How did you learn about Pathward?:	

COMPANY INFORMATION							
Legal Name:				Fed ID #:			
DBA:				Prior Name(s) including men	rged entities:		
Address:				City:		State:	ZIP Code:
Phone:	Fax:			County/Parish:		Website:	*****
Mailing Address (if different from above):				City:		State:	ZIP Code:
DAILY CONTACT PERSON Name:						Title:	3340.
Phone:	Mobile:			Email:			
BUSINESS DESCRIPTION:							
FORM OF BUSINESS: Sole Proprietor	Partnership	Li	mited Partnership	☐ LLC ☐ Corporation		Date Establ	lished:
STATE or JURISDICTION OF INCORPOR	RATION / ORGAN	IZATIO	N:				
OTHER LOCATIONS (attach additional sheets	if necessary):						
Business/Principals current on all taxes?:	☐ Yes ☐ N	o If n	o, please explain:				
Bankruptcy filings (company or any princip	als)?:		o If yes, which typ	pe(s) and date(s):			
Any current or prior security interests or lie Yes No If yes, please explain:	ens, judgements, su	its, crim	inal charges/convic	tions, legal proceedings, regulator	ry actions again	st company,	, or principals / shareholders/officers?:
Are all owners (including shareholders) and Yes No If not, please provide Photog			`	,		ion	
Has company been involved in a merger or	acquisition within t	he last t	wo (2) years?	☐ Yes ☐ No If yes, please p	rovide copy of pur	chase/sale agr	reement.
Please provide names of all entities either ov	wned or operated by	primar	ily same principals	for last two (2) years:			
PRINCIPALS & SHAREHOLDE	RS (Attach additio	onal shee	ts if necessary)				OWNERSHIP MUST TOTAL 100%
NAME (full legal):				Title:			% Ownership:
Home Address:				City:		State:	Zip Code:
Phone:	Mobile:			County:			
Date of Birth:	Social Security #:	:		Email Address:			
Valid Drivers License Number and State, or Valid Passport Number:	·			United States Citizen?:	es No If I	not, provide Pl SA or Perman	hotocopies of your Passport; and also Work ent Resident Card (Form I-551)
Do you have an interest in any other busine	sses? \(\sigma\)Yes	□No	If yes, please expla	in:			
NAME (full legal):				Title:			% Ownership:
Home Address:				City:		State:	Zip Code:
Phone:	Mobile:			County:			
Date of Birth:	Social Security #:	:		Email Address:			
Valid Drivers License Number and State, or Valid Passport Number:				United States Citizen?:	Tes □ No V	f not, provide ISA or Perma	Photocopies of your Passport; and also Wornent Resident Card (Form I-551)
Do you have an interest in any other busine	sses? Yes	□No	If yes, please exp	lain:			
NAME (full legal):				Title:			% Ownership:
Home Address:				City:		State:	Zip Code:
Phone:	Mobile:			County:			
Date of Birth:	Social Security #	:		Email Address:			
Valid Drivers License Number and State, or Valid Passport Number:				United States Citizen?: Y	es 🗌 No If	not, provide F ISA or Permai	Photocopies of your Passport; and also Work nent Resident Card (Form I-551)
Do you have an interest in any other busine	sses? Yes	☐ No	If yes, please expla	ain:			

Name of Lender: Address: Collected Pfolged of Chargeds: Collected Pfolged of Chargeds: Collected Pfolged of Chargeds: Congruents with other lenders? ACCOUNTS RECEIVABLE INFORMATION: Class of Boorings: Las Foreign: Class of Boorings: Las Foreign: Class of Boorings: Agent and a Constanting: Class of Boorings: Las Foreign: Class of Boorings: Las Foreign: Class of Boorings: Class of Boorings: Anticipated Monthly Financing: Anticipated Monthly Financing: Are receivable, inventory or fixed anset pelogical as collateral for current financing? Class of Boorings: Are receivable, inventory or fixed anset pelogical as collateral for current financing? Please capitals: Are receivable, inventory or fixed anset pelogical as collateral for current financing? Please capitals: Are receivable, inventory or fixed anset pelogical as collateral for current financing? Please capitals: Are receivable, inventory or fixed anset pelogical as collateral for current financing? Please capitals: Are receivable, inventory or fixed anset pelogical as collateral for current financing? Please capitals: Are received by this and boolest: Are received by this and boolest: Are received by the standard of the current financing? Are received by the standard of the current financing? Are received by the standard of the current financing? Are received by the standard of the current financing? Are received by the standard of the current financing? Are received by the standard of the current financing? Are received by the standard of the current financing? Are received by the standard of the current financing? Are received by the standard of the current financing? Are received by the standard of the current financing and t	CURRENT LENDER INFORMATION			
Collect Pledged Charged: Coularer Pledged Charg	Name of Lender:	Line Amount: \$		
Columns RECEIVABLE INFORMATION Total # Customers: # of Domestic: # of Foreign: Open Invoice: \$ ACCOUNTS RECEIVABLE INFORMATION Total # Customers: # of Domestic: # of Foreign: Open Invoice: \$ List Foreign: Open Invoice: Open Invoice: \$ List Foreign: Open Invoice: Open Invoic	Address:	City:	State:	
ACCOUNTS RECEIVABLE INFORMATION Total of Castomers: # of Domestic: # of Foreign: Open Invoices: \$ List Foreign: Number of invoices per month: Average # Days Invoices Outstanding: Terms, discounts or incentives offered: Annual sales: \$ Anticipated Monthly Financing: \$ Are receivables, inventory or fixed assets pledged as collateral for current financing? Ye No If yes, to whom: Are there any bill and holds!: Yes No Any guaranteed sales or A/R subject to offset!: Yee No Do you accept deposits: Yes No Please explain: PLEASE ATTACH THE FOLLOWING ITEMS WITH YOUR BUSINESS APPLICATION Corporate Bulance Sheets and Profit & Loss Statements (2 year-ends and most recent interim statement) Most recent Detailed Accounts Receivable Aging & Accounts Payable Aging Most recent Detailed Accounts Receivable Aging & Accounts Payable Aging I breely certify that all information contained in this application is current. I hereby authorize Pubword, National Association, its subsidiaries, its designated agents or assigns to conduct investigation is uses that as to the conflower/himses of the company and all principals individually by sulfaining any credit reporting agency as and when needed, and to fifte the appropriate financing purposes to the Period Complexies (Septials), describing the classification is to adjust the propriate of the accounts of the propriate intensing activating and ensuing reports will be, and remain, confidential. Without limiting the generality of the foreigning. Hereby authorize Pubword, National Association, its subsidiaries, agents and assigns to use, called activating the propriate financing contenting activating the propriate of the accountage of the propriate of the accountage in the contents of all circumstance of the others. It may continue to a relative the contents of all circumstance of the others. It may collect and disclosure Pubword will keep a relative to the substance and the contents of all circumstance of the others. It may collect and disclosure Pubwo	Collateral Pledged / Charged:	Guarantees (Personal/Corporate):		
Total # Customers: # of Domestic: # of Foreign:	Do you have any other open loans with other lenders?	ase list on additional page if necessary.		
Total # Customers: # of Domestic: # of Foreign:	ACCOUNTS RECEIVABLE INFORMATION			
Summer of invoices per month:			Open Invoices: \$	
Average fuvoice Size: \$ Average # Days Invoices Outstanding: Terms, discounts or incentives offered: Annual sales: \$ Anticipated Monthly Financing: \$ Are receivables, inventory or fixed assets pledged as collateral for current financing! Yes No // yes, to whom: Are there any bill and holds?: Yes No Any guaranteed sales or A/R subject to offset?: Yes No Do you accept deposits: Yes No Please explain:				
Terms, discounts or incentives offered: Annual sales. \$	Number of invoices per month:			
Annual sales: \$ Anticipated Monthly Financing. \$ Are receivables, inventory or fixed assets pledged as collateral for current financing?	Average Invoice Size: \$	Average # Days Invoices Outstanding:		
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PLEASE ATTACH THE FOLLOWING ITEMS WITH YOUR BUSINESS APPLICATION Corporate Balance Sheets and Profit & Loss Statements (2 year-ends and most recent interim statement) Most recent Detailed Accounts Receivable Aging & Accounts Payable Aging I hereby certify that all information contained in this application is correct. I hereby authorize Pathward, National Association, its subsidiaries, its designated agents or assigns to conduct investigation it sees fit as to the creditworthiness of the company and all principals individually by utilizing any credit reporting agency as and when needed, and to file the appropriate financing statem pursuant to the Uniform Commercial Code or applicable legislation, describing the collateral as all assets of the Debtor or similar language. I understand that the contents of said investigation and ensuing reports will be, and remain, confidential. Without limiting the generality of the foregoing, I hereby authorize Pathward, its subsidiaries, agents and assigns to use, collect and disclose the foregoing. Thereby authorize Pathward is subsidiaries, agents and assigns to use, collect and disclose the foregoing. Thereby authorize Pathward, its subsidiaries, agents and assigns to use, collect and disclose the foregoing. Thereby authorize Pathward, its subsidiaries, agents and assigns to use, collect and disclose the foregoing. Thereby authorize Pathward, its subsidiaries, agents and assigns to use, collect and disclose the foregoing. Thereby authorize Pathward, its subsidiaries, agents and assigns to use, collect and disclose the foregoing. Thereby authorize Pathward, its subsidiaries, agents and assigns to use, collect and disclose the foregoing. Thereby authorize Pathward, its subsidiaries, agents and assigns to use, collect and disclose the foregoing. Thereby authorize Pathward, its subsidiaries, as a subsidiaries, its advantages and an account and a subsidiaries, and a subsidiaries, and assigns to use, as a subsidiaries, and assigns to use, and assigns to use, and assigns to use,	Are receivables, inventory or fixed assets pledged as collateral for current financing?	☐ Yes ☐ No If yes, to whom:		
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Signature / Title Print Name Date Signature / Title Print Name Date	investigation it sees fit as to the creditworthiness of the company and all principals individually be pursuant to the Uniform Commercial Code or applicable legislation, describing the collateral a ensuing reports will be, and remain, confidential. Without limiting the generality of the foregoing information for the purposes stated herein. Pathward will take reasonable precaution to safeg information for as long as necessary to provide the financing contemplated herein and in accorda information provided to Pathward, I may contact Pathward at any telephone number appearing by USA PATRIOT ACT NOTIFICATION – The following notification is being provided to you IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACC law requires all financial institutions to obtain, verify, and record information that identifies e deposit account, loan, lease, or extension of credit, we will ask for your name, address, date of bi	y utilizing any credit reporting agency as and when all assets of the Debtor or similar language. I ure a life is all assets of the Debtor or similar language. I ure a life is under the properties of the use information to prevent it from theft, note with its Privacy Policy. For any questions regarderein. Pursuant to Part 326 of the USA Patriot Act of 2 COUNT To help the government fight the fundach person who opens an account. What this me	n needed, and to file the appr iderstand that the contents of the stand assigns to use, collect loss, or unauthorized discloseding Pathward's Privacy Polision, and Trivacy Poli	opriate financing statements of said investigation and any and disclose the foregoing ure. Pathward will keep such cy, or if I wish to rectify any aundering activities, Federal on an account, including any
Signature / Title Print Name Date	Sign Individually, with Title: Please have all principals sign below; attach addition	onal sheets if necessary.		
	Signature / Title	Print Name		Date
Signature / Title Print Name Date	Signature / Title	Print Name		Date
	Signature / Title	Print Name		Date



Commercial Finance / Michigan Office 5480 Corporate Drive, Suite 350 **Transportation Division Office**

800 Crescent Centre Drive, Suite 620

| Troy, MI 48098 Franklin, TN 37067 p 248.641.5100 f 248.641.5101 p 615.620.3500 f 615.620.3510

EQUAL OPPORTUNITY NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capability to enter into a binding contract), because all or part of the applicant's income derives from any public assistance or program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with law concerning this creditor is: OFFICE OF THE COMPTROLLER OF THE CURRENCY, Customer Assistance Group, 1301 McKinney St., Suite 3450, Houston, TX 77010-9050.



Beneficial Owner(s)

Completion of this form is mandatory to meet federal regulations through the Financial Crimes Enforcement Network (FINCEN). Although some information may have been provided in the previous application section, the section below must be fully completed.

The person opening a new account on behalf of a legal entity must fill and sign this form, providing the name, address, date of birth and Social Security number (or passport number or other similar information in the case of foreign persons) for the following individuals (i.e., the **beneficial owners**):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

COMPANY NAME:							
BENEFICIAL OWNER (Beneficial C	wners of 25% or i	nore equi	ity interest)				
NAME (full legal):				Title:			% Ownership:
Home Address:				City:		State:	Zip Code:
Phone:	Mobile:			County:			
Date of Birth:	Social Security	# :		Email Address:			
Valid Drivers License Number and State, or Valid Passport Number:				United States Citizen?:	Yes No		e Photocopies of your Passport; and also Work nanent Resident Card (Form I-551)
Do you have an interest in any other business	ses?	☐ No	If yes, please explain:			71011 01 1 01.	manoni resident card (101m1 351)
NAME (full legal):				Title:			% Ownership:
Home Address:				City:		State:	Zip Code:
Phone:	Mobile:			County:			
Date of Birth:	Social Security	<i>‡</i> :		Email Address:			
Valid Drivers License Number and State, or Valid Passport Number:				United States Citizen?:	Yes No		e Photocopies of your Passport; and also Work nanent Resident Card (Form I-551)
Do you have an interest in any other business	ses?	☐ No	If yes, please explain:				
NAME (full legal):				Title:			% Ownership:
Home Address:				City:		State:	Zip Code:
Phone:	Mobile:			County:			
Date of Birth:	Social Security	# :		Email Address:			
Valid Drivers License Number and State, or Valid Passport Number:				United States Citizen?:	Yes No	If not, provid VISA or Pern	e Photocopies of your Passport; and also Work nanent Resident Card (Form I-551)
Do you have an interest in any other business	ses? Yes	□ No	If yes, please explain:				,
NAME (full legal):				Title:			% Ownership:
Home Address:				City:		State:	Zip Code:
Phone:	Mobile:			County:			
Date of Birth:	Social Security	#:		Email Address:			
Valid Drivers License Number and State, or Valid Passport Number:				United States Citizen?:	Yes No	If not, provid VISA or Pern	e Photocopies of your Passport; and also Work nanent Resident Card (Form I-551)
Do you have an interest in any other business	ses?	☐ No	If yes, please explain:				
INDIVIDUAL WITH CONTROL	(Individual with	significar	nt responsibility for ma	nagement and control of leg	al entity)		
Is this person a Principal/Shareholder?:	Yes 🗌 No	Is this p	erson listed in one of t	he four entries above?:	☐ Yes ☐		nd the information has already been entered ease provide the NAME only.
NAME (full legal):				Title:			% Ownership:
Home Address:				City:		State:	Zip Code:
Phone:	Mobile:			County:			
Date of Birth:	Social Security	# :		Email Address:			
Valid Drivers License Number and State, or Valid Passport Number:				United States Citizen?:	Yes No	If not, provide VISA or Perm	e Photocopies of your Passport; and also Work nanent Resident Card (Form I-551)
Do you have an interest in any other business	ses?	☐ No	If yes, please explain:				
I hereby certify that, to the best of my know	wledge, that the i	nformati	on provided above is	complete and correct.			
Signature / Title				Pri	rint Name		