

Providing Alternative Financial Solutions for Small Businesses

Network Funding Solutions, LLC
239 481 3000 Voice ~~~~ 239 334 2399 (fax)
Business Line of Credit Application

Business Information

Legal Business Name _____

Business Address _____

City _____ State _____ Zip Code _____

Business Phone _____ Business Fax _____ Business Cell _____

Business Mailing Address (if different from above) _____

City _____ State _____ Zip Code _____

Company Profile

Employer Tax ID # _____ CCorp/SCorp/LLC _____

Started in MM/YY _____ Owned Since MM/YY _____ Organized in State of _____

Description of Business _____

Gross Revenue \$ _____ Net Profit \$ _____ # of Employees _____

Current Bank _____ Ave Bal \$ _____ A/C# _____

Owner or Authorized Officer Information **[Complete Section for Each 20%+Owner]**

Name _____ Title _____ % Owned _____

DOB _____ SS# _____ Home# _____ Cell# _____

Home Address _____ City _____ State _____ Zip Code _____

Years There _____ Own/Rent _____ Rent/Mortgage Payment \$ _____

Mortgage Holder or Landlord's Name _____ Mother's Maiden Name _____

Previous Address (if less than 2 years): _____

City _____ State _____ Zip Code _____ Tel# _____

Bank Checking _____ Ave Bal \$ _____ A/C# _____

Bank Savings _____ Ave Bal \$ _____ A/C# _____

Date of any lates, liens, collections, judgments, or bankruptcy: _____

Name/Phone # of Relative not living with you _____

Household Income Information **[Complete Section for Each 20% Owner]**

Annual Salary \$ _____ Other Income \$ _____ Total Income \$ _____

Source(s) of Other Income _____

Authorization to obtain Credit Reports and submit applications:

X _____ Email _____

Stated Income Commercial Mortgages from 25K to \$3M