



LINE OF CREDIT APPLICATION

Business Direct
CAPITAL

2888 Loker Avenue East, Suite 321 Carlsbad, CA 92010

Toll Free (888) 305-9292

Fax Application to (888) 305-9797

FUNDS TO BE UTILIZED FOR (BUSINESS PURPOSE)					AMOUNT REQUESTED			
Inventory <input type="checkbox"/> Cash Flow <input type="checkbox"/> Expansion <input type="checkbox"/> Equipment <input type="checkbox"/> Seasonal Purchases <input type="checkbox"/> Other <input type="checkbox"/>					\$			
LEGAL NAME OF COMPANY (Will be listed on your checks and/or credit card)			FEDERAL TAX ID		BUSINESS STRUCTURE			
DATE STARTED			COMPLETE COMPANY ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)			TELEPHONE		
mo yr						FAX		
DESCRIPTION OF BUSINESS			# OF EMPLOYEES		TIME WITH CURRENT OWNERSHIP			
					yrs mo			
PROJECTED SALES THIS YEAR (ENDING 12/31)		NUMBER OF OWNERS		LAST FISCAL YEAR GROSS SALES ON FILED TAX RETURN		DATE WHEN YOU FILED LAST TAX RETURN		
\$				\$		mo yr		
BUSINESS BANK/MONEY MARKET INSTITUTION		ACCOUNT #		AVERAGE BANK BALANCE LAST 90 DAYS		CURRENT YTD SALES REVENUE (From prev. month)		
				\$		\$		
TYPE OF BUSINESS								
<input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction/Mining <input type="checkbox"/> Transportation/Communication/Utility <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Finance/Insurance <input type="checkbox"/> Real Estate <input type="checkbox"/> Service Other _____								
PRINCIPAL/OFFICER/PARTNER #1		TITLE		OWNERSHIP		SOCIAL SEC #		
				%				
HOME ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)				CELL PHONE		HOME PHONE		
CHECKING ACCOUNT BALANCE		SAVINGS ACCOUNT BALANCE		YOUR ANNUAL INCOME FROM BUSINESS		NUMBER OF RETIREMENT ACCTS		
\$		\$		\$		\$		
RENT OR OWN		MONTHLY MORTGAGE OR RENT PAYMENT		CURRENT VALUE OF HOME		REMAINING MORTGAGE BAL		
<input type="checkbox"/> rent <input type="checkbox"/> own		\$		\$		\$		
TOTAL ASSETS		LIST OF ASSETS				CURRENT EMPLOYER		
\$								
MONTHLY INCOME		CREDIT CARD INFORMATION (FOR VERIFICATION PURPOSES ONLY)					MOTHERS MAIDEN NAME	
\$		Issuing bank- last 4 of card- Exp date /mo /yr						
PRINCIPAL/OFFICER/PARTNER #1		TITLE		OWNERSHIP		SOCIAL SEC #		
				%				
HOME ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)				CELL PHONE		HOME PHONE		
CHECKING ACCOUNT BALANCE		SAVINGS ACCOUNT BALANCE		YOUR ANNUAL INCOME FROM BUSINESS		NUMBER OF RETIREMENT ACCTS		
\$		\$		\$		\$		
RENT OR OWN		MONTHLY MORTGAGE OR RENT PAYMENT		CURRENT VALUE OF HOME		REMAINING MORTGAGE BAL		
<input type="checkbox"/> rent <input type="checkbox"/> own		\$		\$		\$		
TOTAL ASSETS		LIST OF ASSETS				CURRENT EMPLOYER		
\$								
MONTHLY INCOME		CREDIT CARD INFORMATION (FOR VERIFICATION PURPOSES ONLY)					MOTHERS MAIDEN NAME	
\$		Issuing bank- last 4 of card- Exp date /mo /yr						

PLEASE USE BACK OF APPLICATION FOR ADDITIONAL OWNERS

The above information, together with any accompanying financial statements, schedules, or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. The undersigned hereby warrants that any individual identified above who is either a principal, a personal guarantor or a sole proprietor of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, has provided his/her written authorization for inquiry into their credit worthiness, including but not limited to obtaining a consumer credit report, and shall hold Advanced Innovations, Inc. dba Business Direct Capital and its assignees, agents or nominees harmless from same. You understand that such investigation may include seeking information as to the background, credit and financial responsibility of your officers and principals (or any of them). A photo static or facsimile copy of this application is deemed as the original.

Authorized Signature

Title

Date