



MIDCAP BUSINESS CREDIT LLC

433 South Main Street, West Hartford, CT 06110
Tel: 800-970-9997 • Fax: 800-217-0500

CREDIT ELIGIBILITY SURVEY

Show all amounts to the nearest thousand.

Business Name	Date	
Contact	Title	
Address	E-mail	
City	State	Zip
Phone:	Fax:	
Business Starts: / /	Ever Bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Line of Business
Number of Employees:	Fiscal Year End: / /	
Federal Tax ID No: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	State of Incorporation:	
Organized As: <input type="checkbox"/> LLC <input type="checkbox"/> Unincorporated: <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation		
Can you print agings of accounts receivable, accounts payable & inventory status reports to a file?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

OWNERSHIP

Name	Title	% Owned	Home City	State	Home Phone

FINANCIAL STATEMENTS & PROJECTIONS

Business financial statements for the last three year-ends and interim period are enclosed.

Latest Year-End	Next Preceding Year-End	Next Preceding Year-End	Year-to-Date
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Cash flow statement and income and balance sheet for the next fiscal year-end period are enclosed – monthly projections are preferred.

Personal financial statements prepared on our form will be required on all of the above listed owners whose ownership is 20% or more.

Copies of business and 20% owners' personal federal income tax returns for the most recent two year period will be required. These returns will be picked up from you at the time of our visit to your facility.

LOAN REQUEST

We require a **first** lien on all assets we finance. Please list the names of the lien holders' collateral and amount needed to release liens.

Lien Holder	Collateral	Debt Due
	To Pay Accounts Payable	
	To Pay Taxes. (Type)	
	To Pay Other, (Explain)	
	Total Financing Needs:	

ACCOUNTS PAYABLE ANALYSIS

Please use common month-end for accounts receivable and payable. (000's)

Aging Dated:

Total	Debit Balance	Cash Overdraft	30 Days	60 Days	90 Days	Over 90 Days
\$	\$	\$	\$	\$	\$	\$
100%	%	%	%	%	%	%

CREDIT ELIGIBILITY SURVEY

ACCOUNTS RECEIVABLE ANALYSIS

Aging Dated:

Total	Credit Balance	Future	30 Days	60 Days	90 Days	Over 90 Days
\$	\$	\$	\$	\$	\$	\$
100%	%	%	%	%	%	%
Credit Insurance? Yes No						

Average Monthly Sales	Selling Term	Days Sales Outstanding	
Number of Active Accounts	Average Invoice Size	Sales Backlog	Months

Our Firm Makes Sales To:		Contained Within Our Accounts Receivable Are:	
International Customers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Progress Billings	<input type="checkbox"/> Yes <input type="checkbox"/> No
U.S. Government	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retainage For Work Performed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Affiliated (Intercompany) Companies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Guaranteed Buy Back Arrangements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Our Vendors	<input type="checkbox"/> Yes <input type="checkbox"/> No	Consignment Sales	<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER COLLATERAL

Inventory				Machinery & Equipment	
Classification	Description	Amount	%	Appraiser	
Raw Material				Appraisal Date	
Work in Process				Appraised Liquidation Value	
Finished Goods				Comments	
Total Inventory					

Inventory Located at:

City	State	Value (000s)

Application Prepared by: _____

Please tell us how you learned about MidCap: