

CHARTER CAPITAL

APPLICATION FORM

APPLICANT / BUSINESS ENTITY

1. Check mark legal form of business. If status is other than listed below, please specify:
 Corporation Limited Liability Co. General Partnership Limited Partnership Sole Proprietorship
2. Exact Legal Name of Business (as accepted by State filing office):

3. If legal form is Sole Proprietorship:
* Owner's name as shown on drivers' license _____
* Owner's name as known by creditors _____
* Business name as used on invoices _____
4. Street Address (Main) _____ City _____ State _____ Zip _____ County _____
5. Telephone (Main) _____ Fax _____ Other _____
6. Contact Email Address: _____
7. Business established: Date _____ State _____ Charter or Registration No. _____
8. Federal ID No. _____ Charter No. (if Corp. or LLC) _____
9. Any trade or assumed business names (registered or not)? No Yes If Yes, list names and where registered.

10. Prior business names used within the last 5 years _____
11. Names of related business entities (parent, subsidiaries, affiliates, partnerships) _____

12. How did you hear about Charter Capital? _____

BUSINESS PROFILE

13. Describe primary business activity _____
14. Has Applicant or any owner ever filed bankruptcy? No Yes If Yes, explain _____

15. Have any liens or judgments been filed against Applicant or any owner? No Yes If Yes, provide details.

16. Is there any actual or proposed litigation, or negotiations or filings pursuant thereto, relating to the Applicant or any owner?
 No Yes If Yes, provide details. _____

17. Is Applicant current on all Federal and State tax related filings? No Yes If No, explain _____

18. Are there any past due Federal or State tax payment obligations relating to Applicant? No Yes
If Yes, provide details _____
19. Have any of applicant's owners, shareholders, or partners ever been convicted of a felony? No Yes
If Yes, provide details _____
20. Operating facilities: Owned Leased/ Square Ft. _____ Landlord Name _____ Tel. _____
21. If facilities owned, is there a Mortgage? No Yes. If Yes, Balance \$ _____ Est. market value \$ _____
22. Number of employees (941 kind) _____ If Applicant uses contract labor, provide details _____

PROFESSIONAL SERVICE REFERENCES (Contact Name, Firm Name, Address, Telephone)

23. Accountant _____
24. Attorney _____
25. Insurance Agent _____

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OWNERSHIP / MANAGEMENT

26. Provide details for Senior Management positions and ownership. Include non-positioned Owners.

(1) Name (First, Middle, Last) _____
 Phone _____ Cell Phone _____
 Current Address (Home, City, State, Zip) _____
 If at current address less than 3 years, please list previous address
 Previous Address (Home, City, State, Zip) _____
 Title _____ Ownership % _____ Date of Birth _____ SS No. _____
 Private Banker's Name and Tel No. _____

(2) Name (First, Middle, Last) _____
 Phone _____ Cell Phone _____
 Current Address (Home, City, State, Zip) _____
 If at current address less than 3 years, please list previous address
 Previous Address (Home, City, State, Zip) _____
 Title _____ Ownership % _____ Date of Birth _____ SS No. _____
 Private Banker's Name and Tel No. _____

(3) Name (First, Middle, Last) _____
 Phone _____ Cell Phone _____
 Current Address (Home, City, State, Zip) _____
 If at current address less than 3 years, please list previous address
 Previous Address (Home, City, State, Zip) _____
 Title _____ Ownership % _____ Date of Birth _____ SS No. _____
 Private Banker's Name and Tel No. _____

(4) Name (First, Middle, Last) _____
 Phone _____ Cell Phone _____
 Current Address (Home, City, State, Zip) _____
 If at current address less than 3 years, please list previous address
 Previous Address (Home, City, State, Zip) _____
 Title _____ Ownership % _____ Date of Birth _____ SS No. _____
 Private Banker's Name and Tel No. _____

BUSINESS BANKING

27. Bank Name _____ Address _____ Routing No. _____
 28. Officer or Contact Name _____ Telephone _____
 29. Year started with Bank _____ Checking Acct No. _____ Deposit Acct No. _____
 30. Provide details of all loans _____

SECURED CREDITORS

31. List Secured Transactions and Leases (Credits, Loans and Leases)

Secured	Party Contact	Telephone	Balance	Collateral
(1) _____	_____	_____	\$ _____	_____
(2) _____	_____	_____	\$ _____	_____
(3) _____	_____	_____	\$ _____	_____

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VENDOR REFERENCES

32. List primary 3 Vendors

	Industry	Vendor Name	Contact	Telephone	Balance	Credit Limit
(a)	_____	_____	_____	_____	\$ _____	\$ _____
(b)	_____	_____	_____	_____	\$ _____	\$ _____
(c)	_____	_____	_____	_____	\$ _____	\$ _____

ACCOUNTS RECEIVABLE INFORMATION

33. A/R Bal. \$ _____ 1-30 days \$ _____ 31-60 days \$ _____ 61-90 days \$ _____ over 90 days \$ _____

34. Amount invoiced last 30 days \$ _____ Last 12 months \$ _____

35. Number of Active customer accounts _____ Avg. Invoice size \$ _____ Normal Terms of Sale _____

36. Has Applicant ever financed or sold its accts receivable? ___No ___Yes If Yes, name financier _____

37. Do any of Applicant's accts receivable presently serve as collateral for any purpose? ___No ___Yes
If Yes, explain. _____

38. Is Applicant or any Owner related to any customer account, in whole or in part? (ownership, parent, subsidiary, partner, affiliate) ___No ___Yes/ If Yes, list names _____

39. Name Customer Accounts who have, or potentially will, extend credit to Applicant (such as, Customers who are also Vendors) _____

CUSTOMERS

40. List top 5 Customers in order of monthly billing amount.

	Customer	Address	Contact	Telephone	Avg. Sales/mo
(1)	_____	_____	_____	_____	\$ _____
(2)	_____	_____	_____	_____	\$ _____
(3)	_____	_____	_____	_____	\$ _____
(4)	_____	_____	_____	_____	\$ _____
(5)	_____	_____	_____	_____	\$ _____

DECLARATION STATEMENT / AUTHORIZATION

41. Be it known that all information provided in connection with this form is for the purpose of aiding Charter Capital Holdings LP (Charter Capital) in its consideration of entering into a contractual relationship with the Applicant. The above responses are true and accurate to the best of my knowledge and belief, and Charter Capital may rely upon the same for all of its purposes. Furthermore, any party referenced in this form may rely upon this statement as authorization from Applicant to freely respond to any inquiries made by Charter Capital regarding Applicant.

Applicant's Name _____

By: _____

Name: _____

Title: _____

Date: _____