



Working Capital Loan Application

Requested Loan Amount: \$	Expected Loan Term:	Purpose:
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Borrower Personal Information

Last Name:	First Name:	Middle Name:
DOB:	Marital Status:	SSN:
Home Phone #:	Work Phone #:	Cell Phone #:
FAX #:	E-Mail:	
Current Home Address:		
City:	State/ Zip Code:	How long at this address?
Do you own your home? YES / NO	Payment / Rent Amount:	

Business Information Registered Legal Name & D/B/A:

Address:		
City:	State/ Zip Code:	Year started:
Monthly Total Revenue: \$	Registered State:	EIN:

Business Property Information

Business Landlord or Mortgage Bank:	Contact Name and/or Account #:	Phone #:
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Business Trade References

Business Name:	Contact Name and/or Account #:	Phone #:
Business Name:	Contact Name and/or Account #:	Phone #:
Business Name:	Contact Name and/or Account #:	Phone #:

Can you attach the below?

Last Tax Report	Two (2) Utility Bills to verify the address	3 months' business bank statement
3 months' merchant card statement	Current Biz License	Driver License



Co-Borrower's Information

Borrower Personal Information		
Last Name:	First Name:	Middle Name:
DOB:	Marital Status:	SSN:
Home Phone #:	Work Phone #:	Cell Phone #:
Current Home Address:		
City:	State/ Zip Code:	How long at this address?
Do you own your home? YES / NO	Payment / Rent Amount:	
Please more than Two (2) Utility Bills to verify the address		
Employer Name:	Job Title:	Supervisor Name:
Work Address:		
City:	State/ Zip Code:	How long work for this company?
Monthly Net Income (Take home):	Total Monthly (Expenses):	Pay Schedule: Bi-weekly Monthly

I agree to co-sign the promissory note as a co-borrower and to be responsible for repayment of the loan if the borrower fail to fulfill the terms of the credit obligations. I understand that I will be jointly and severally liable for repayment of the loan as agreed to by signing the promissory note. As required by law, you (co-borrower) are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit-reporting agency if you fail to terms of your credit obligations as a co-borrower.

Co-Borrower Name

Date



Personal References

Must have verifiable Complete References to receive loan approval

1	2	3
Name:	Name:	Name:
Address:	Address:	Address:
City:	City:	City:
State / Zip Code:	State / Zip Code:	State / Zip Code:
Cell Phone#:	Cell Phone#:	Cell Phone#:
Home / Work Phone#:	Home / Work Phone#:	Home / Work Phone#:
Email:	Email:	Email:
Relation:	Relation:	Relation:
4	5	6
Name:	Name:	Name:
Address:	Address:	Address:
City:	City:	City:
State / Zip Code:	State / Zip Code:	State / Zip Code:
Cell Phone#:	Cell Phone#:	Cell Phone#:
Home / Work Phone#:	Home / Work Phone#:	Home / Work Phone#:
Email:	Email:	Email:
Relation:	Relation:	Relation:



Authorization and Agreement

By signing below, I certify that all information I supplied on and in connection with this Application and on the attached References Sheet is true and correct. I authorize US Express Finance to verify the truthfulness of this information.

I expressly authorize US Express Finance to contact any person or company identified on this Application and other materials submitted in conjunction with it during its application verification process and when servicing my loan. US Express is hereby authorized to leave a message. Any false statement made by me shall be sufficient basis for rejection of credit. I have read and understood that above statements. I acknowledge that this Application and any supporting documentation provided with it are the property of US Express Finance.

I represent and warrant that I am not currently a debtor in any bankruptcy proceeding and that I do not intend to file a bankruptcy petition under any chapter of the U.S. Bankruptcy Code during the term of the loan for which I am applying or within a 90 day period following the repayment of such loan.

US Express Finance may make inquires with credit reporting agencies about my credit history and standing.

As required by Law, I an hereby notified that a negative credit report may be submitted to a credit reporting agency without further authorization if I fail to fulfill the terms of my credit obligation.

By signing below, I confirm that I have read and agree to all of the terms of this Application.

Borrower Signature

Date

Co-Borrower Name

Date



ACH AUTHORIZATION

LOAN NO. _____

US Express Finance to debit or credit the account of the bank listed below for adjusted remittances. A voided copy of check of the account is attached herewith.

This authority will remain in effect until US Express Finance agree, in writing, to modify or cancel it.

(Name)

(Phone No.)

X _____
(Signature)

(Date)

(Routing #) PRINT CLEARLY

(Account #) PRINT CLEARLY

Attach A Voided Check Here