



APPLICATION FOR FUNDING

1800 Cooper Point Road S.W. Building 5
Olympia, Washington 98502-8309
800-231-3878 • 360-956-1514
Fax 360-956-1520 • www.ocf.com

Business Name _____ Phone _____

Address _____ Fax _____

City, State, Zip _____ County _____

Type of Business _____

- Corporation
Partnership
Individual
LLC

Previous Name of Business _____

Date Established _____ Number of Employees _____ E-mail _____

OWNERS OR OFFICERS:

Name _____ Title _____

Home Address _____ own _____ rent _____
STREET ADDRESS CITY STATE ZIP

Soc. Security # _____ Home Phone# _____

Drivers License # _____ Date of Birth _____ Percentage of Ownership _____

Name _____ Title _____

Home Address _____ own _____ rent _____
STREET ADDRESS CITY STATE ZIP

Soc. Security # _____ Home Phone# _____

Drivers License # _____ Date of Birth _____ Percentage of Ownership _____

Name _____ Title _____

Home Address _____ own _____ rent _____
STREET ADDRESS CITY STATE ZIP

Soc. Security # _____ Home Phone# _____

Drivers License # _____ Date of Birth _____ Percentage of Ownership _____

ACCOUNT FOR BUSINESS

BANK ACCOUNT FOR PERSONAL

Name _____ Name _____

Acct# _____ Branch _____ Acct# _____ Branch _____

Name of Accountant _____ Phone _____

Regular Financial Statements Prepared? _____ Frequency _____

Federal Tax I.D. Number _____ Franchise Tax I.D. Number _____

Any Taxes Past Due? Yes/No How Much? _____ Agency _____

OUTSTANDING BUSINESS LOANS:

Owe Money to _____ How Much? _____ Collateral _____

Owe Money to _____ How Much? _____ Collateral _____

Owe Money to _____ How Much? _____ Collateral _____

Accounts Receivable Open \$ _____ Average Monthly sales \$ _____

Approximate Number of Accounts _____ Terms of Sale _____

Average invoice amount \$ _____ High credit to Individual Account \$ _____

CUSTOMER ACCOUNTS:

Please list all customers. Attach additional pages if necessary.
All information must be completed for credit checking purposes.

Company Name	Address	Telephone	Approximate Monthly Sales \$
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Who referred you to Olympic Credit Fund, Inc. _____

Have you ever factored before? Y / N With whom? _____

PLEASE PROVIDE COPIES OF THE FOLLOWING

- Articles of Incorporation or Articles of LLC or Partnership Agreement
- Assumed Business Name Registration
- Latest Financial Statement
- Accounts Receivable Aging
- Drivers license of Principals

Also for Transportation Companies:

- Authority
- Proof of Insurance
- Bond (where applicable)
- Carrier List (if brokerage)

The undersigned hereby declares that the information provided in this application is true and correct to the best of his/her knowledge. The undersigned without further notice hereby authorizes Olympic Credit Fund, Inc. to make whatever inquiries deemed necessary concerning the parties listed herein for the purpose of evaluating this application. Olympic Credit Fund, Inc. is also authorized to provide any and all credit information relating to the parties herein to other creditors and/or credit reporting agencies. Applicant represents that applicant will use any and all monies borrowed primarily for the purpose other than personal, family or household usage. Applicant understands that submission of this application does not commit Olympic Credit Fund, Inc. to provide any financial services.

SIGNATURE: _____

DATE: _____

TITLE: _____