

BUSINESS INFORMATION

Organizational Structure: Corporation Sole Proprietorship Partnership LLC

Business Installment Client Application			
Firm's Legal Name (or Individual's Name if Sole Proprietorship):		DBA:	
Street Address:	City	State	Zip Code
Phone: ()	Fax: ()	County:	
Business Operating Location (If more than one, complete on letterhead)			
Federal Tax Number or SSN:	Date Established:	Place of Incorporation:	
Last year gross revenue: \$	Current year to date gross revenue: \$	Projection of contracts for purchase (monthly):	
Are Taxes Current:	If No, How much is Owed:		
Corporate Officers			
President:	Vice President:		
Secretary:	Treasurer:		
Principal Information (must be completed) * Please complete any additional information on a company letterhead			
Name:	Title:	Ownership %:	SSN:
Residential Address:	City:	State:	Zip Code:
Name:	Title:	Ownership %:	SSN:
Residential Address:	City:	State:	Zip Code:
Bank References (must be completed)			
Banking Institution:	Address:	Branch:	
Contact Person:	Phone:	Account:	
Banking Institution:	Address:	Branch:	
Contact Person:	Phone:	Account:	
Landlord/Mortgage References * If property is owned, please show copy of mortgage statement			
Business Facilities (Please Check Box) <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease		Monthly Amount: \$	
If Leasing Property	Lease Term:	Term Remaining:	
Landlord/Mortgage Owner Business Name:	Contact Person:	Phone :	
Products and Services Information			
Description of the product or service:		Consumer Profile; Are They Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Refund Cancellation Policy	Cancellation Rate: \$	Delivery Time For Finished Product/Service:	
Maximum Cost: \$	Minimum Cost: \$	Average Cost: \$	

MBS Financial, LLC

Commercial Finance Group

P.O. Box 1755 1 N. Jefferson Ave.
West Jefferson, NC 28694
Office: 336-219-0105
Fax: 336-217-8155

MBS Financial Client Application		
Current Finance Program		
Is there currently a financing program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, <input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Other Explain:	If yes, <input type="checkbox"/> In-house <input type="checkbox"/> Outside Firm Firm:
Credit Approval Rate:	Payout Structure:	Funding Turn Around Time:
Average Contract Amount: \$	Down Payment Amount: \$	Term of Average Contract:
Marketing Program		
How is the Product/Service marketed? Please Elaborate:		
Is there a sales staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	Geographic Scope of the marketing efforts?	
Website Address:	Online Consumer Finance Page <input type="checkbox"/> Yes <input type="checkbox"/> No	Online Credit Application <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Contact Person Information		
Name of Contact Person:	Title or Affiliation to Company:	
Phone Number:	Fax Number:	
Email:	Best Time to be reached:	
<i>The undersigned certifies that all information provided is true and correct and authorizes MBS Financial, LLC, or its assigns, and any credit bureau or other agency to investigate the references, statements, or other data listed or accompanying this application. The undersigned authorizes all parties contacts to release credit and financial information requested as part of any due diligence. By signing below, the undersigned individual(s) provides this written instruction to MBS Financial, LLC, or its assigns, authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and for reviewing and collecting the resulting account. I/we agree to grant MBS Financial, LLC access to credit information for no greater than 90 days. A photostat or facsimile copy of this authorization shall be valid as the original. By signing below, I/we affirm our identity as the respective individual(s) identified in the related application.</i>		
Signature:	Printed Name & Title:	Date:
Signature:	Printed Name & Title:	Date:
Signature:	Printed Name & Title:	Date:

MBS Financial, LLC Items Needed Checklist:

Must Provide the Following Items:

- MBS Client Application and Client Work Sheet-Completed and Signed
- Business Financial Statement-Balance and Income
- Business Tax Return- Last years
- Business License- Current
- Official Corporation Documents- Copies
- Copy of Contract- Currently being used
- Marketing/Promotional Material-Brochures, copy of ads, website information, etc
- Price List- Services/products and amounts to be financed (min. & max.)

When you talked with our account representative you gave us your fax number and permission to send your applications to. If you do not wish to continue to receive faxes from MBS Financial, LLC, you may send a written request instructing us to suspend further facsimiles to 800-915-5977 or via email at info@mbsfinancial.com. Your request must include your Full Name and the Fax Number that you no longer wish to receive correspondence to. The information contained in this fax message is CONFIDENTIAL UNDER FEDERAL LAW. If you have received this communication in error, immediately notify us at the number/email above and return this fax and all information that accompanies it to MBS Financial. MBS Financial, LLC • 336-219-0105.