

Application for Private Company Credit Score

Legal Business Name: _____ DBA: _____

Organizational Structure: C Corp. S Corp. LLC LLP Sole Proprietor Partnership

Tax ID # _____ DUNS # _____

Primary Business Mailing Address

Address _____ 1:
 Address _____ 2:
 City: _____
 State: _____ Zip Code: _____

Business Physical Address (if different)

Address _____ 1:
 Address _____ 2:
 City: _____
 State: _____ Zip Code: _____

Business Type: Broker/Trader Scrap Processor Ferrous Producer NonFerrous Producer Other

Specify Line of Business or Focus: _____

End Markets Served: _____

Number of Locations: _____ List Locations: _____

Date Started: _____ Years under current management: _____

Is the company currently operating in Bankruptcy? YES NO

Has the company ever filed for Bankruptcy Protection? YES NO

If yes, please specify date: _____ Discharge/Emergence Date: _____

Please indicate if you will be providing financial statements with this application: YES NO

If yes, please indicate how you will submit: Attached Mail Fax Email

If no, please provide a reason for not sending: _____

Last Estimated Annual Revenue (in US\$): _____ Estimated Net Income: _____

CPA/ Public Accounting Firm Reference

Name of Firm: _____ Contact Name: _____

Phone: _____ Email: _____

Bank Reference

Bank Name: _____ Address: _____

Contact Name: _____ Phone: _____ Email: _____

Business Line of Credit or Credit Facility: YES NO Account Number: _____

Borrowing Capacity: _____

Current Outstanding: _____

Current Available: _____

Business Checking Account: YES NO Account Number: _____

Average Balance: _____

Current Balance: _____

Trade References

(Note: If you can provide more than the 3 trade references below, please attached a sheet to this form.)

1. Company Name:

Address: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone: _____ Fax: _____

Email: _____

2. Company Name:

Address: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone: _____ Fax: _____

Email: _____

3. Company Name:

Address: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone: _____ Fax: _____

Email: _____

Management / Ownership Structure (Individual or Corporate Owner)

1. Name: _____ Title: _____ % of Ownership: _____ Since: _____

Phone: _____ Fax: _____ Email: _____

2. Name: _____ Title: _____ % of Ownership: _____ Since: _____

Phone: _____ Fax: _____ Email: _____

3. Name: _____ Title: _____ % of Ownership: _____ Since: _____

Phone: _____ Fax: _____ Email: _____

If your company was started in the last 12 months

Date Started: _____ Initial Capital (in US\$): _____

Amount of Loans: _____ Loan Source: _____

Proprietor / Owner prior experience or professional background information (please provide attached sheet if required):

By signing the form below, submitting this information electronically, by fax, or mail, I acknowledge and agree on behalf of the business entity as its Authorized Officer / Agent and by myself as an individual applicant: 1) that all information provided is accurate and correct to the best of my knowledge; 2) that ProfitGuard (PG) is authorized to contact third parties to investigate information on the company and its officers for the purpose of evaluating credit worthiness and business transactions; 3) that I agree to inform PG of any changes to the company's legal status or to the information provided above; 4) that the bank and trade references provided herein are authorized by the company to release all information requested to PG.

Note of Confidentiality: All information submitted by the company and obtained by PG is held in strict confidence unless otherwise stated by the company. **Upon request PG will provide a full Non-Disclosure Agreement.**

If submitting financial statements please indicate if the information can be shared in PG reports: YES NO

If yes, please indicate what info you would like to be published in the credit reports below:

Please select Financial Highlights:

Net Sales
Operating Income
Net Income
Current Ratio
Total Assets
Total Liabilities
Tangible Net Worth
Debt to Equity
Cash Flow from Operation
Free Cash Flow

Authorized Party:

Signature: _____ Date: _____

Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

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