



800-836-7912

info@bayviewfunding.com

**To prevent delays in processing,
Please complete application package in its entirety.**

BUSINESS NAME

- Articles of Incorporation or Partnership Agreement or Articles of Organization or Fictitious Business Name Statement (if dba or trade style is in use)
- Copy of Owner's Driver's License
- Accounts Receivable Detail Aging (current)
- Customer List including Complete Addresses & Telephone Numbers
- Sample Open Invoice
- Sample Purchase Orders and/or Customer Contracts

Visit us on the web at: www.bayviewfunding.com

STATEMENT OF ACCURACY

The statements made in and documents attached to this application are true and accurate to the best of my/our knowledge and belief.

AUTHORIZATION TO OBTAIN INFORMATION

I/We authorize Bay View Funding (BVF) to obtain whatever information regarding employment, bank accounts, and/or outstanding credit (mortgage, auto, personal, home improvement, charge cards, credit unions, etc.) that BVF deems to necessary in connection with this application or in the course of review or collection of any credit extended in reliance on this application. I/We authorize and instruct any consumer credit agency, commercial credit reporting agency, business or person to compile and furnish to BVF any such information regarding us or our business as may be requested by BVF and agree that such information, along with this application, shall remain BVF's property whether or not the application is approved.

This authorization will be valid for a period of two years from the date below or as long as applicant has an outstanding balance with BVF. A photocopy of this authorization will be as valid as the original. You authorize Bay View to verify or check any of the information given, including credit references and employment and to obtain credit bureau reports as Bay View deems necessary.

PRINCIPAL'S SIGNATURE DATE

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Bay View may share credit information about you with its affiliates to determine eligibility for other products and services unless you direct us not to do so. If you do not want us to share this information with our affiliates, please initial here: _____.

APPLICATION DATE

CREDIT LINE REQUIRED



Credit Application

1. GENERAL INFORMATION (Type or Print)

BUSINESS NAME		DBA'S/OTHER BUSINESS NAMES	
PRIMARY ADDRESS (HEADQUARTERS)		COMPANY WEBSITE ADDRESS	
CITY/STATE/ZIP		DATE BUSINESS ESTABLISHED	
TELEPHONE	FAX	PRINCIPAL CONTACT NAME & TITLE	
OTHER LOCATIONS		BUSINESS FORM (Corporation, LLC, Partnership, Sole Proprietorship)	
		STATE OF INCORPORATION	
TYPE OF BUSINESS		NO. OF EMPLOYEES	FISCAL YEAR END
FEDERAL TAX ID		FRANCHISE TAX ID	
INSURANCE BROKER/AGENT NAME	ADDRESS	TELEPHONE	
ACCOUNTANT NAME	ADDRESS	TELEPHONE	
ATTORNEY NAME	ADDRESS	TELEPHONE	
BUSINESS BANK NAME	ADDRESS	TELEPHONE	
NUMBER OF ACCOUNTS	BANK ACCOUNT NUMBERS		
RECEIVABLES NOW OPEN	APPROX. NUMBER OF ACCOUNTS	NO. OF INVOICES PER MONTH	STANDARD CREDIT TERMS
CURRENT LENDER		CURRENT CONTACT	

2. OWNERS/OFFICERS/PARTNERS (list all owners/ officers/partners-President, Secretary, other)

NAME	TITLE	EMAIL ADDRESS	%EQUITY IN COMPANY
HOME ADDRESS		CITY/STATE/ZIP	RENT OR OWN HOME?
HOME TELEPHONE	CELLULAR TELEPHONE	SOCIAL SECURITY NUMBER	DATE OF BIRTH
NAME	TITLE	EMAIL ADDRESS	%EQUITY IN COMPANY
HOME ADDRESS		CITY/STATE/ZIP	RENT OR OWN HOME?
HOME TELEPHONE	CELLULAR TELEPHONE	SOCIAL SECURITY NUMBER	DATE OF BIRTH
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