



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 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(es) 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.

A copy of this authorization will be as valid as the original. You authorize BVF to verify or check any of the information given, including credit references and employment and to obtain credit bureau reports as BVF deems necessary.

USA PATRIOT ACT (Important Information About Procedures for Openinig a New Account) To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, the Bank will ask for your name, address, date of birth, and other information that will allow us to identify you. The Bank may also ask to see your driver's license or other identifying documents.

RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Bay View Funding, 2933 Bunker Hill Lane #210, Santa Clara, CA 95054, (800) 229-9000 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

NOTICE The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status; age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning creditor is the Federal Reserve Consumer Help Center, P.O. Box 1200, Minneapolis, Minnesota 55480.

PRINCIPAL'S SIGNATURE

DATE

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DATE

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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