

Business Information

Standard Form*

**FOR AN IMMEDIATE
RESPONSE, FAX THIS
FORM TODAY TO:**

704-541-0451



888-332-0343

704-541-0451 FAX

blueskycapitalcorp.com

info@blueskycapitalcorp.com

3315 Springbank Lane, Suite 310

Charlotte, NC 28226

HOME HEALTH CARE SERVICES

What date would you like to receive your first payroll funding? _____

How would you prefer to receive your payroll funding? Wire ACH

I. COMPANY

Company's Legal Name: _____

Trade Names (d/b/a) if any: _____

Type of Entity: Corporation Proprietorship Partnership LLC Other

Street Address: _____

County: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Date Established: _____ Federal Tax ID #: _____

Date Incorporated: _____ State of Incorporation: _____

Licensee associated with CMS provider #: _____ Your specific FI? _____

CMS Provider: _____ Submitter ID: _____

If doing business in more than one location, list ALL additional addresses and phone numbers:

Street Address: _____ Phone: _____

Street Address: _____ Phone: _____

Has this company, now or in the past, ever operated under another name: Yes No

Previous Name: _____ From: _____ To: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Licensee: _____

Approximate the percentage (%) of your home health care business in each of the following categories:

Medicare _____% Medicaid _____% Insurance _____% Self Pay _____%

HMO/PPO _____% Workers' Comp _____% Other (specify): _____%

Has this company or its current owners ever owned an interest in, or been owned in whole or in part by, or affiliated with any other company in the same or similar industry?

Yes No If yes, list names: _____

Does this company have any other connection with any other business through common control, or ownership, interests, family ties, relationships, or any other means?

Yes No Describe: _____

BUSINESS LOAN INFORMATION

Lender's Name	Type of Loan	Amount of Line	Security		Collateral	Int. Rate	Maturity	Balance
			Y	N				
			Y	N				
			Y	N				

II. OWNER(S)

Name: _____ % Owned _____

Title: _____ Date of Birth: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Home: Own Rent Phone: _____

Business Phone: _____

Social Security Number: _____

Has the above ever been connected as an owner, officer or employee of another company in the same or similar industry?

Yes No

Name: _____ % Owned _____

Title: _____ Date of Birth: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Home: Own Rent Phone: _____

Business Phone: _____

Social Security Number: _____

Has the above ever been connected as an owner, officer or employee of another company in the same or similar industry?

Yes No

Name: _____ % Owned _____

Title: _____ Date of Birth: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Home: Own Rent Phone: _____

Business Phone: _____

Social Security Number: _____

Has the above ever been connected as an owner, officer or employee of another company in the same or similar industry?

Yes No

Name: _____ % Owned _____

Title: _____ Date of Birth: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Home: Own Rent Phone: _____

Business Phone: _____

Social Security Number: _____

Has the above ever been connected as an owner, officer or employee of another company in the same or similar industry?

Yes No

III. PAYROLL

Are any federal or state payroll taxes past due? Yes No

If yes, please list type, quarter (year) and amounts: _____

If yes, has a lien or levy been filed? Yes No

Do you have a payment plan with the IRS for late payroll taxes? Yes No \$ Amt/Mo _____

IIII. WORKERS' COMPENSATION

Workers' Compensation carrier: _____ Is your policy in effect? Yes No

How often do you make your payments? Weekly Bi-weekly Monthly Semi-monthly

Do you have any payments that are past due? Yes No

If yes, please list amounts and date of payments past due: _____

V. OTHER

Total sales for previous calendar year: \$ _____

Total sales for previous week: \$ _____

Current accounts receivables balance: \$ _____

Approximate average number of collection days (aging): _____

Is the payroll now financed? Yes No By whom: _____

What are the terms: _____

Has the company financed its accounts receivables in the past? Yes No

If yes, with whom: _____ Terms: _____

Does the company have any liens against its accounts receivables? Yes No

If yes, describe: _____

Are any of the company's assets pledged? Yes No

Has there ever been a judgment, tax lien or levy against this company? Yes No

Are there any unsatisfied judgments, Workers' Compensation bills, tax liens or levies against the company?

Yes No

Are there any unsatisfied judgments, Workers' Compensation bills, tax liens or levies against any

affiliate of the company? Yes No

Are there any pending suits, liens or levies against this company or any of its affiliates? Yes No

Is the company, its owners, officers, directors or guarantors involved in any current litigation or do

they have any judgments filed against them? Yes No

If yes, describe: _____

Has the company or its owners, officers, directors or guarantors ever been convicted of a criminal offense?

Yes No If yes, describe: _____

Does the company do business or have in-house employees at any location(s) other than as shown

on the first page? Yes No If yes, describe: _____

Please describe the proposed use of the funds: _____

How did you hear about BlueSky Capital? _____

BLUESKY CAPITAL ("BSC") may receive from and disclose to BSC's lender, financial information about the undersigned Applicant and information about Applicant's account and credit experience as well as all of the principals and officers of Applicant and Applicant authorizes any person to release to BSC financial information about Applicant as well as all of the principals and officers of Applicant and credit experience and account information on Applicant as well as all of the principals and officers of Applicant. This shall be continuing authorization for all present and future disclosure of financial information and credit information. Applicant represents and warrants to BSC that all financing obtained from BSC will be used solely for business and commercial purposes and not for any personal or consumer purposes. 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 a credit facility.

What this means for you: When you open a credit facility, we will ask for your name, address, tax identification number of your company and its principals and other information that will allow us to identify you. We may also ask to see your articles of incorporation or other identifying documents which will be verified and such verifications will be retained.

Signature: _____ Date: _____

Print Name and Title: _____

RETURN TO:

BlueSky Capital

3315 Springbank Lane, Suite 310 • Charlotte NC 28226

888-332-0343 • 704-541-0451 FAX

blueskycapitalcorp.com • info@blueskycapitalcorp.com



Personal Information

Short Form*

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HOME HEALTH CARE SERVICES

Individual Name: _____ LAST FIRST MIDDLE

Do you have or have you ever had any other names? Yes No

If yes: _____

Residence Address: _____

County: _____ City: _____ State: _____ Zip: _____

Home Phone: _____

Business Phone: _____

Mobile Phone: _____

Email: _____

Social Security Number: _____

Date of Birth: ____/____/____

I. ASSETS (ESTIMATES ACCEPTABLE)

Cash\$ _____
Stocks, Bonds, etc.\$ _____
Accounts, Loans & Notes Receivable..\$ _____
Real Estate\$ _____
Other Assets\$ _____
Other Assets\$ _____
Other Assets\$ _____

II. LIABILITIES (ESTIMATES ACCEPTABLE)

Mortgage\$ _____
Tax Liens.....\$ _____
Notes Payable\$ _____
Accounts Payable\$ _____
Other Liabilities.....\$ _____
Other Liabilities.....\$ _____
Other Liabilities.....\$ _____

III. SOURCE OF INCOME (ESTIMATES ACCEPTABLE)

Salary.....\$ _____
Bonus & Commission\$ _____
Dividends & Interest\$ _____
Other Income.....\$ _____
Total Income\$ _____

Bank Account(s) & Number(s)

1. _____
2. _____

Credit Card(s) & Number(s)

1. _____
2. _____

Lending Institutions 1. _____
2. _____

Have you/spouse ever been through bankruptcy? Yes No
Are there any unsatisfied judgements or tax liens against you/spouse? Yes No
Are there any pending suits, liens or judgements against you/spouse or your assets? Yes No
Have you/spouse ever been convicted of a criminal offense? Yes No
Are your/spouse's assets pledged? Yes No

Has there ever been a judgement, tax lien or levy against any company in which you/spouse presently or previously owned stock or are presently or previously an officer with whom you are or were affiliated? Yes No
Are there any unsatisfied judgements, Workers' Compensation bills or tax liens against any company in which you/spouse presently or previously owned stock or are presently or previously an officer with whom you are or were affiliated? Yes No

I hereby subscribe and affirm, that all the information provided is true and accurate. I (we) also give BlueSky Capital (BSC) permission to investigate any other business or personal credit sources to establish credit for my (our) company with BSC.

Signature _____ Date _____

Signature _____ Date _____

Accounts serviced by BlueSky Capital. *This is an application for funding.