

# 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

## SECURITY 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: \_\_\_\_\_

**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: \_\_\_\_\_

Previous Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Approximate the percentage (%) of your security business in each of the following categories:**

Security/Guard \_\_\_\_\_% Other: \_\_\_\_\_%

**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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**2**



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## SECURITY 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.