



Goodman Capital Finance

a division of  independent bank
3010 LBJ Freeway #540 Dallas, Texas 75234
Phone: (972) 241-3297 Fax: (972) 243-6285

PROSPECTIVE CLIENT INFORMATION

APPLICANTS NAME (COMPANY NAME):	
TRADE STYLE NAME (S):	
FEDERAL TAX ID NO:	

BUSINESS STREET ADDRESS:				
City	State	County	Zip Code	Country

TELEPHONE:	FAX:
E-MAIL:	WEBPAGE:

PROPRIETORSHIP

PARTNERSHIP

CORPORATION

IN THE STATE OF:	DATE ESTABLISHED:
APPROXIMATE NUMBER OF EMPLOYEES:	OTHER OFFICE LOCATIONS?

HAS THERE BEEN A CHANGE OF OWNERS IN THE PAST YEAR? YES NO
IF YES, PLEASE EXPLAIN ON SEPARATE SHEET.

HAS THE COMPANY EVER CHANGED ITS NAME? YES NO
IF YES, PLEASE EXPLAIN ON SEPARATE SHEET.

HAVE THE PRINCIPALS/OWNERS EVER OWNED ANY OTHER COMPANIES? YES NO

IF YES, LIST NAMES OF THOSE COMPANIES:	2.
1.	3.

NAME OF PRESIDENT / PRINCIPAL:	DATE OF BIRTH:
SOCIAL SECURITY #:	DRIVER'S LICENSE NO:
HOME ADDRESS:	
PERCENTAGE OWNERSHIP:	E-MAIL ADDRESS:
HOME PHONE:	CELL PHONE:

NAME OF VICE PRESIDENT / PARTNER:		DATE OF BIRTH:
SOCIAL SECURITY #:	DRIVER'S LICENSE NO:	
HOME ADDRESS:		
PERCENTAGE OWNERSHIP:	E-MAIL ADDRESS:	
HOME PHONE:	CELL PHONE:	

NAME OF SECRETARY / PARTNER:		DATE OF BIRTH:
SOCIAL SECURITY #:	DRIVER'S LICENSE NO:	
HOME ADDRESS:		
PERCENTAGE OWNERSHIP:	E-MAIL ADDRESS:	
HOME PHONE:	CELL PHONE:	

MANUFACTURER

WHOLESALE

OTHER

NATURE OF BUSINESS:

ANNUAL SALES:	OF WHICH WE WILL FACTOR APPROXIMATELY: \$		
GROSS PROFIT MARGIN (%):	TERMS OF SALE:		
AVERAGE COLLECTION PERIOD OF A/R (DAYS):	AVERAGE INVOICE AMOUNT: \$		
TOTAL RECEIVABLES OUTSTANDING:	1-30:	31-60:	60+:
NUMBER OF ACTIVE CUSTOMERS:	DO YOU OBTAIN PURCHASE ORDERS:		
CONTRA ACCOUNTS (CUSTOMER YOU MAY ALSO BUY FROM):			
IF YOU HAVE A CUSTOMER CONCENTRATION EXCEEDING 15%, PLEASE INCLUDE THE CUSTOMER'S NAME:			

* Please complete the attached form with your active customers, especially those you would like to be considered for our factoring program.

BANK INFORMATION

NAME OF BANK:	CITY:	STATE:
BANK OFFICER'S NAME:	PHONE NO:	
BANK OFFICER'S E-MAIL:		

TYPE OF CREDIT FACILITY:

TERM LOAN

REVOLVING CREDIT LINE

OTHER

SECURED

UNSECURED

NAME OF OTHER LENDERS YOU HAVE USED:	
PURPOSE OF COMTEMPLATING LINE OF CREDIT:	

ARE RECEIVABLES OR INVENTORY PLEDGED AS COLLATERAL? YES

NO

IF YES, LIST NAME OF LENDER:	
CONTACT NAME:	PHONE NUMBER:
E-MAIL ADDRESS:	

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ANY PENDING LITIGATION AGAINST THE OWNER (S) / OFFICERS OR COMPANY?	YES	NO
ANY JUDGEMENTS OUTSTANDING?	YES	NO
ANY FEDERAL OR STATE TAX LIENS?	YES	NO
ANY OWNER (S) OFFICER (S) OR COMPANY EVER FILED FOR BANKRUPTCY PROTECTION?	YES	NO
ANY SUIT (S) FILED AGAINST THE COMPANY?	YES	NO

IF A YES ANSWER TO ANY OF THE ABOVE QUESTIONS PLEASE EXPLAIN FULLY IN THE FOLLOWING SPACE:

HOW DID YOU HEAR ABOUT GOODMAN CAPITAL FINANCE

NAME OF SOMEONE (NOT IN YOUR HOUSEHOLD) WHO CAN ALWAYS REACH YOU

NAME:	PHONE NO:
STREET ADDRESS:	CITY: STATE:
E-MAIL ADDRESS:	

THE STATEMENTS MADE HEREIN AND ALL INFORMATION IN ALL DOCUMENTS PROVIDED HERewith ARE TRUE AND CORRECT AND THE APPLICANT(S) UNDERSTANDS THAT GOODMAN CAPITAL FINANCE INTENDS TO RELY THEREON IN DETERMINING WHETHER TO ENTER IN A FINANCING RELATIONSHIP.

APPLICANT HEREBY AUTHORIZES ITS SUPPLIERS, CUSTOMERS, ACCOUNTANTS, ATTORNEYS, EMPLOYEES AND CREDIT AGENCIES TO PROVIDE GOODMAN CAPITAL FINANCE ANY INFORMATION ABOUT THE APPLICANT AND OR ITS OFFICER(S) AND ITS AFFAIRS, FINANCES AND ACCOUNTS AS GOODMAN CAPITAL FINANCE OR ITS EMPLOYEES MAY REQUEST. A COPY OF THIS AUTHORIZATION MAY BE ACCEPTED AS IF IT WERE AN ORIGINAL.

APPLICANT	APPLICANT
PRINT NAME:	PRINT NAME:
TITLE:	TITLE:
SIGNATURE:	SIGNATURE:
DATE:	DATE: