		COMPA	NY INFO	RMATION			
Legal Business/Entity Name						Federal Tax ID #	
Street Address						Date Established	
City		State	Zip Code	Entity Type (LLC, Corporation, Partnership, Proprietor)			
Phone	Fax		Email	• •	Website		
# of Employees	Assumed/DBA/Trade Name(s)			Type of Business		State Company Established	
QUESTIONS			Yes	No	Date	Liability (\$)	
Has Company ever filed bankruptcy?							
Is Company current on all taxes?							
Has Company ever factored receivables?							
Is Company involved in any active/pending lawsuits?							
Does Company have any unpaid judgments or liens?							

BANK & PROFESSIONAL INFORMATION					
Bank Name	Location	Contact Person	Email Address		
Contact Phone	Contact Fax	Average Checking Balance	Estimated Loan Balances		
Accountant	Phone	Fax	Email		
Attorney	Phone	Fax	Email		

	COM	PANY OV	VNERSHI	Р		
Owner Legal Name	Title	tle Social		urity Number	Date of Birth	% Owned
Address	City	State Zip		Phone		
Owner Legal Name	Title	Title		Social Security Number		% Owned
Address	City	City		Zip	Phone	
Owner Legal Name	Title		Social Sect	urity Number	Date of Birth	% Owned
Address	City	City		Zip	Phone	
Owner Legal Name	Title		Social Sect	urity Number	Date of Birth	% Owned
Address	City	City		Zip	Phone	
Have any owners ever filed bankru	ptcy? Who/Date	Have any o	owners ever been	convicted of a fel	lony? Who/Date	

ACCOUNTS RECEIVABLE SUMMARY						
Total Accounts Receivable	1-30 Days	31 - 60 Days		61 - 90 Days		90 +
Average Invoices per Month	Average Monthly Billing	Annual W	rite Offs	Annual Sales Refunds		ıds
Average Invoice Amount	Average Annual Billing	Туріс	cal Sales Terms	(Net)		
	TIONS	Yes	No			
Installment or progress billings?)					
Consignment sales?						
Bill and hold sales?						
Sell to government?						
Sales from construction work?						
Foreign export sales?						
Is work completed before invoic	ing customer?					
Sell to consumers?						
Sell to related companies or affi	liates?					
Do you make purchases from yo	our customers?					
Offer a warranty or guaranty?						
Does any return of goods requir						
Grant extended terms to custom	ers?					
Bill by statement?						
Are you required to collect sales						
Do you sell to any of your stock	holders/partners/etc.?					
	FURTHER IN	FORMAT	ION NEEI	DED		
Company Entity Docume	ents					
Articles of Incorporation	n, By-Laws, Certificate of	Incorporation	n, SS4 Tax II) Form, Assu	med Name C	ertificate(s)
Company Tax Returns (Prior 3 Years)					
Company Financial Statements (Balance Sheet and Profit Loss Statement from prior quarter-end)						
Company Accounts Receivable Aging						
Company Accounts Payable Aging						
Company Customer List (See Addendum below to provided detail)						
Personal Tax Returns (Prior 3 Years)						
Personal Financial Statement (Within 90 Days of Application Date)						
Color Copy of Drivers License (All Owners & Signers)						

I/we hereby solemnly declare and certify the information supplied in the Application is true and correct to the best of my/our knowledge and that the signer(s) hereto has full authority to provide the information. I/we hereby authorize Oso Reserves, LLC to procure and verify my/our creditworthiness and any other information provided or obtained by Oso Reserves, LLC in the course of its investigation, which in Oso Reserves, LLC sole discretion it deems appropriate, and to conduct independent background investigation(s) of this applicant(s) and the applicant's business. I/we further provide authorization, on a continuing basis, for any person or business to release any and all credit reports or verifications to Oso Reserves, LLC.

Signature:	Title:	Date:
Signature:	Title:	Date:

CUSTOMER LIST ADDENDUM						
Company Name	Contact Person	Phone	Annual Sales Volume (\$)	Credit Needed		