

Mazon Associates Application



To Enter Into A Security Agreement

Legal Name of Company _____ Federal Tax # _____

Street Address _____

City _____ County _____ State _____ Zip _____

Phone _____ Fax _____ Website _____

Mailing Address (if different) _____

Business Description _____

Year Established _____ Corporation _____ Partnership _____ Proprietor _____ LLC _____

If a corporation, what type? S Corp _____ C Corp _____ State of incorporation _____

If an LLC, what type? S Corp _____ C Corp _____ Partnership _____ State of incorporation _____

Principal & Owner

1. Principal / Member / Owner

Full name _____ Suffix _____ Title _____ Ownership % _____

Mobile Phone _____ Email _____ Own or rent home? _____

Home Address _____ City _____ State _____ Zip _____

DOB _____ SS# _____ D/L & State _____

2. Principal / Member / Owner

Full name _____ Suffix _____ Title _____ Ownership % _____

Mobile Phone _____ Email _____ Own or rent home? _____

Home Address _____ City _____ State _____ Zip _____

DOB _____ SS# _____ D/L & State _____

3. Principal / Member / Owner

Full name _____ Suffix _____ Title _____ Ownership % _____

Mobile Phone _____ Email _____ Own or rent home? _____

Home Address _____ City _____ State _____ Zip _____

DOB _____ SS# _____ D/L & State _____

Accounts Receivables

Total monthly billings _____ Current A/R balance _____ Avg. invoice amount _____

Please list your primary customers (for information purposes only, we will not contact them at this time):

Customer name	Accounts balance	Credit terms (e.g. net 30 days)
1.		
2.		
3.		

Other Information

Does your company have any outstanding loans or advances?

Debtor or financial institution	Loan or debt amount	Security interest (e.g. receivables, assets, equipment)
1.		
2.		
3.		

Does your company or officers have any of the following?

Federal or state tax liens? No _____ Yes _____ If yes, amount of lien _____

Prior bankruptcies? No _____ Yes _____ If yes, what year _____

Pending litigations or lawsuits? No _____ Yes _____ If yes, please explain _____

Have you ever worked with a factoring company? No _____ Yes _____

If yes, name of factoring company _____

Who referred you to Mazon Associates? _____

Authorization

By signing below, you acknowledge the confidential information contained in this application is true and correct and hereby authorize any credit investigation necessary by Mazon Associates, Inc.

Signature _____ Date _____

Name _____ Title _____

Please send the following items with this application:

- DBA Certificate, Incorporation Certificate, or LLC Certificate, Articles and Bylaws.
- Accounts receivable aging (unpaid invoices)
- Customer list (include customer name, address and phone)
- Financial statements (income statement and balance sheet), if available.
- Copy of sample invoice with supporting documentation (e.g. purchase order, shipping document, etc.)