

TAF Texas Assured Funding

3817 Alamo Avenue, Fort Worth, Texas 76107 - POB 100096, Fort Worth, Texas 76185-0096

Phone 817-731-2568 Fax 817-731-3117

www.texasassuredfunding.com

Financing Application

We are applying for a financing in the total amount of: \$ _____

We are offering the following as security for this loan (Please provide complete details of the proposed collateral including, if real estate: address, legal description, land area, and description of improvements, if equipment: make, model, serial no., and location. Attach additional pages if necessary):

1. Name of Company: _____ 2. Business Year Ends: _____

3. Address: _____
Street City State Zip Code

4. Phone: _____ Fax: _____ 5. Type of Work: _____

6. Contact Person: _____ 7. Title: _____

8. Year Business Started: _____ 9. Business Type: Corp. () Part. () Sole Prop. () Sub. S Corp ()

10. State of Incorporation: _____ 11. Tax ID No.: _____

12. List the Corporate Officers, Partners or Proprietors of the company:

<u>Name</u>	<u>Year of Birth</u>	<u>Position</u>	<u>Percent Owned</u>	<u>Name of Spouse</u>
-------------	----------------------	-----------------	----------------------	-----------------------

A. _____
Social Security No. _____

B. _____
Social Security No. _____

C. _____
Social Security No. _____

(Note: All owners of 10% or more of the company & spouses must personally guarantee the loan.)

13. Is there a Buy/Sell Agreement among the owners of the business? Yes () No () If so, is this agreement funded by life insurance? Yes () No ()

14. How many people does your company employ? _____ 15. How many work crews? _____

16. Has this company or any of its principals ever petitioned for bankruptcy or failed in business? Yes ()
No () If so, attach a detailed explanation.
17. Is this company or any of its owners or any company affiliated with the owners currently involved in any litigation? Yes () No () If so, attach a detailed explanation.
18. The percentage of work normally for: Government Agencies is ____% For Private Owners is ____%
19. Do you lease equipment? Yes () No () If so, type and term of lease(s) _____
-
20. Name of your accounting firm: _____
Address: _____
Phone: _____ Fax: _____ Contact: _____
21. On what basis are taxes paid? Cash () Completed Job () Accrual () % of Completion ()
22. Basis financial statements prepared? Cash () Completed Job () Accrual () % of Comp. ()
23. How are statements prepared? In House () CPA compiled () CPA Reviewed () CPA Audit ()
24. How often are statements prepared? Annually () Semiannually () Quarterly () Monthly ()
25. Do you have a full time accountant on staff? Yes () No () Number of years experience: _____ years.
26. Name of your Bank: _____
Address: _____
Phone: _____ Fax: _____ Contact: _____
27. List any life insurance in effect on key personnel:
- | <u>Insured's Name</u> | <u>Beneficiary</u> | <u>Amount</u> | <u>Cash Value</u> |
|--------------------------|--------------------|---------------|-------------------|
| A. _____ | | | |
| Insurance Company: _____ | | | |
| B. _____ | | | |
| Insurance Company: _____ | | | |
| C. _____ | | | |
| Insurance Company: _____ | | | |
28. Does this company or its owners have any subsidiary or affiliated companies or entities? Yes () No ()
29. Attach a separate page if you desire to provide any additional information.
30. List four of your major vendors: (Note: Additional suppliers/creditors may be listed on separate page.)
- | Name | Phone | Fax |
|------|-------|-----|
| | | |
| | | |
| | | |
| | | |

- A. _____
Address: _____ Contact: _____
- B. _____
Address: _____ Contact: _____
- C. _____
Address: _____ Contact: _____
- D. _____
Address: _____ Contact: _____

31. List four major customers or project references for jobs or sales this company has completed.

- A. Name: _____ Phone: _____
Address: _____ Fax: _____
Contact: _____ Job: _____
- B. Name: _____ Phone: _____
Address: _____ Fax: _____
Contact: _____ Job: _____
- C. Name: _____ Phone: _____
Address: _____ Fax: _____
Contact: _____ Job: _____
- D. Name: _____ Phone: _____
Address: _____ Fax: _____
Contact: _____ Job: _____

The undersigned hereby confirms that the foregoing information and any other information supplied in connection with this Contractor Questionnaire is, to the best of his/her knowledge complete, true and correct. Further, the undersigned hereby authorizes Agent/Surety to make such inquiries regarding the information contained herein and the credit status of this company and its owners as Agent/Surety solely may deem appropriate.

Signature (must be officer or owner): _____ Title: _____

Printed Name and Title: _____ Date: _____