

**CAPITAL EXPRESS, INC.  
APPLICATION**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CHECK ONE: \_\_\_\_\_ SOLE PROPERTORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION

FEDERAL TAX I. D. NUMBER \_\_\_\_\_ YEAR ESTABLISHED: \_\_\_\_\_

**INFORMATION ON OWNER (S)**

**INFORMATION ON OWNER (S)**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

**REFERENCE:**

BANK: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

ATTORNEY: \_\_\_\_\_ ACCOUNTANT \_\_\_\_\_

TRADE REFERENCES: \_\_\_\_\_

**GENERAL INFORMATION:**

- 1) Have you factored or financed your accounts receivable in the past? \_\_\_\_yes \_\_\_\_no.
- 2) Do you have any liens against you accounts receivable? \_\_\_\_yes \_\_\_\_no
- 3) Do you have any current litigation or do you have any judgments filed against you or your company?  
\_\_\_\_yes \_\_\_\_no.
- 4) Have any owners or has the company ever filed bankruptcy in the past \_\_\_\_yes \_\_\_\_no
- 5) Do you have any Federal or State Taxes past due \_\_\_\_yes \_\_\_\_no

If the answer to any of the above questions is yes please explain below: (use additional space if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In order to quickly determine if Capital Express, Inc. may be of service to your company, we need all of the information requested above. All information will be held in strictest confidence.

The Statement contained in this application are true and accurate as of the date of this application. This serves as authorization for the release of any information to verify the accuracy of the above statements.

NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_