



New Commercial Capital, Inc.
 3530 Wilshire Blvd., Suite 380, Los Angeles, CA 90010
 Tel: 213. 351. 0707 / Fax: 213. 365. 4936

NEW CLIENT APPLICATION

COMPANY INFORMATION	
COMPANY NAME (COMPLETE LEGAL NAME):	
DBA / TRADE NAME:	
ADDRESS:	
PHONE:	FAX:
SECONDARY ADDRESS, IF ANY:	
PHONE:	FAX:
CONTACT NAME:	TITLE: CELL PHONE:
EST. YEAR & STATE:	CORPORATION (<input type="checkbox"/>) PARTNERSHIP (<input type="checkbox"/>) SOLE-PROPRIETORSHIP (<input type="checkbox"/>) LLC (<input type="checkbox"/>)
FEDERAL TAX ID NO.:	DUNS NO.:
RELATED COMPANY NAME, IF ANY:	
PREVIOUS BUSINESS NAME, IF ANY:	
INDUSTRY:	APPAREL & TEXTILE (<input type="checkbox"/>) NON-APPAREL (<input type="checkbox"/>)
BUSINESS TYPE:	MANUFACTURE (<input type="checkbox"/>) WHOLESALE (<input type="checkbox"/>) CONVERT (<input type="checkbox"/>) IMPORT (<input type="checkbox"/>) DISTRIBUTE (<input type="checkbox"/>) SERVICE (<input type="checkbox"/>)
PRODUCT TYPE:	
TOTAL RECEIVABLE OUTSTANDING AS OF	
TERM OF SALES:	MONTHLY SALES:
NUMBER OF INVOICE PER MONTH:	AVERAGE INVOICE AMOUNT:
NUMBER OF CUSTOMERS:	NUMBER OF EMPLOYEES:

PRINCIPAL INFORMATION	
PRINCIPAL NAME:	
HOME ADDRESS:	
PHONE:	DATE OF BIRTH:
TITLE:	OWNERSHIP (%): %
SOCIAL SECURITY NO.:	DRIVER'S LICENSE NO. (STATE):
ADDITIONAL PRINCIPAL, IF ANY:	
HOME ADDRESS:	
PHONE:	DATE OF BIRTH:
TITLE:	OWNERSHIP (%): %
SOCIAL SECURITY NO.:	DRIVER'S LICENSE NO. (STATE):
ADDITIONAL PRINCIPAL, IF ANY:	
HOME ADDRESS:	
PHONE:	DATE OF BIRTH:
TITLE:	OWNERSHIP (%): %
SOCIAL SECURITY NO.:	DRIVER'S LICENSE NO. (STATE):

BANK INFORMATION

BANK NAME:

BRANCH:

ACCOUNT NO.:

PHONE:

CONTACT NAME:

LINE OF CREDIT LIMIT:

CURRENT BALANCE:

BANK NAME:

BRANCH:

ACCOUNT NO.:

PHONE:

CONTACT NAME:

LINE OF CREDIT LIMIT:

CURRENT BALANCE:

CPA & FACTOR INFORMATION

CPA FIRM NAME:

CPA NAME:

PHONE:

NAME OF FACTOR, IF ANY:

ACCOUNT EXECUTIVE:

PHONE:

TRADE INFORMATION

SUPPLIER NAME:

ADDRESS:

PHONE:

CONTACT:

SUPPLIER NAME:

ADDRESS:

PHONE:

CONTACT:

SUPPLIER NAME:

ADDRESS:

PHONE:

CONTACT:

Are any Federal and/or State taxes past due? () No () Yes

Has this business or its owner ever been in bankruptcy? () No () Yes

Has principal(s) owner(s) ever been charged of convicted of any criminal offense? () No () Yes

DECLARATION

The information supplied in this application and all forms and documents submitted to New Commercial Capital, Inc. in connection herewith is true and correct to the best of my knowledge and belief. I/We hereby authorize New Commercial Capital, Inc. to investigate my/our financial responsibility and creditworthiness including inquiry into credit agencies. I/ We will provide additional information, as New Commercial Capital, Inc. deems necessary and requests including, but not limited to, financial statement, tax returns, etc.

Signed by: _____ Title: _____ Date: _____

Signed by: _____ Title: _____ Date: _____