

# CLIENT APPLICATION

## COMPANY INFORMATION

Legal Name:		Fed ID #:	
DBA:			
Address:	City:	State:	Zip Code:
Phone:	Fax:	County/Parish:	Website:
Mailing Address <i>(If different from above):</i>		City:	Zip Code:
DAILY CONTACT PERSON Name:		Title:	
Phone:	Cell:	Email:	
<b>BUSINESS DESCRIPTION:</b>			
FORM OF BUSINESS: <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor			
STATE or JURISDICTION OF INCORPORATION / ORGANIZATION:		COUNTY:	Date Established:
Motor Carrier #:	DOT #:		
OTHER LOCATIONS <i>(attach additional sheets of necessary):</i>			
Business / Principals current on all taxes?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please explain:</i>			
Bankruptcy filings <i>(company or any principals)?:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, which type(s) and date(s):</i>			
Any current or prior security interests or liens, judgements, suits, criminal charges/convictions, legal proceedings, regulatory actions against company, or Principals / shareholders / officers?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>			
Are all owners (including shareholders) and officers/directors U.S. Citizens, or have the legal right to be in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If not, please provide Photocopies of your Passport; and also your Work VISA or Permanent Resident Card (Form I-551) with Application</i>			
Has company been involved in a merger or acquisition within the last two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide copy of purchase / sale agreement.</i>			
Please provide names of all entities either owned or operated by primarily same principals for the last two (2) years:			

## PRINCIPALS & SHAREHOLDERS *(Attach additional sheets if necessary)* OWNERSHIP MUST TOTAL 100%

NAME <i>(full legal):</i>	Title:	% Ownership:	
Home Address:	City:	State:	Zip Code:
Phone:	Cell:	County:	
Date of Birth:	Social Security #:	Email Address:	
Valid Drivers License Number and State, or Valid Passport Number:	United States Citizen?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If not, provide Photocopies of your Passport; and also Work VISA or Permanent Resident Card (Form I-551)</i>		
Do you have an ownership in any other businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>			
NAME <i>(full legal):</i>	Title:	% Ownership:	
Home Address:	City:	State:	Zip Code:
Phone:	Cell:	County:	
Date of Birth:	Social Security #:	Email Address:	
Valid Drivers License Number and State, or Valid Passport Number:	United States Citizen?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If not, provide Photocopies of your Passport; and also Work VISA or Permanent Resident Card (Form I-551)</i>		
Do you have an ownership in any other businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>			
NAME <i>(full legal):</i>	Title:	% Ownership:	
Home Address:	City:	State:	Zip Code:
Phone:	Cell:	County:	
Date of Birth:	Social Security #:	Email Address:	
Valid Drivers License Number and State, or Valid Passport Number:	United States Citizen?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If not, provide Photocopies of your Passport; and also Work VISA or Permanent Resident Card (Form I-551)</i>		
Do you have an ownership in any other businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>			

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**CREDIT REFERENCES**

BANK NAME	ADDRESS	ACCOUNT #	OFFICER	PHONE
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**TRADE CREDITORS**

NAME OF COMPANY	ADDRESS	CONTACT NAME	PHONE
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**CONTACT INFORMATION**

NAME	PHONE	EMAIL ADDRESS
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SECRETARY:

TREASURER:

CONTROLLER:

GENERAL MANAGER:

PARTS MANAGER:

SERVICE MANAGER:

OFFICE MANAGER:

**ADDITIONAL INFORMATION**

 Requested Conversion Date: \_\_\_\_\_ *(The day after normal month-end cut off)*

 Will there be a transfer of existing outstanding balances to ProBilling & Funding Service:  Yes  No *If yes, please provide a current Accounts Receivable aging in Excel Format.*

Please indicate below the name of the Software Program you are currently utilizing (i.e.: CDK, Reynolds &amp; Reynolds, QuickBooks, etc.):

I hereby certify that all information contained in this application is correct. I hereby authorize ProBilling & Funding Service, a division of Peoples Bank of Alabama, its subsidiaries, its designated agents or assigns, to conduct any investigation it sees fit as to the creditworthiness of the company and all principals individually by utilizing any credit reporting agency as and when needed, and to file the appropriate financing statements pursuant to the Uniform Commercial Code or applicable legislation, describing the collateral as assets of the Debtor or similar language. I understand the contents of said investigation and any ensuing reports will be, and remain, confidential. Without limiting the generality of the foregoing, I hereby authorize ProBilling & Funding Service, a division of Peoples Bank of Alabama, its subsidiaries, agents and assigns to use, collect and disclose the foregoing information for the purposes stated herein. ProBilling & Funding Service, a division of Peoples Bank of Alabama will take reasonable precaution to safeguard such information to prevent it from theft, loss, or unauthorized disclosure. ProBilling & Funding Service, a division of Peoples Bank of Alabama will keep such information for as long as necessary to provide the financing contemplated herein and in accordance with its Privacy Policy. For any questions regarding ProBilling & Funding Service, a division of Peoples Bank of Alabama Privacy Policy, or if I wish to rectify any information provided to ProBilling & Funding Service, a division of Peoples Bank of Alabama, I may contact ProBilling & Funding Service, a division of Peoples Bank of Alabama at any telephone number appearing herein.

**USA PATRIOT ACT NOTIFICATION – The following notification is being provided to you pursuant to Part 326 of the USA Patriot Act of 2001, 31 CFR 103.121(b)(5):**  
**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, including any deposit account, loan, lease, or extension of credit, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**Sign individually, with Title:** *Please have all principals' sign below; attach additional sheets if necessary.*

_____ <i>Signature / Title</i>	_____ <i>Print Name</i>	_____ <i>Date</i>
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_____ <i>Signature / Title</i>	_____ <i>Print Name</i>	_____ <i>Date</i>
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_____ <i>Signature / Title</i>	_____ <i>Print Name</i>	_____ <i>Date</i>
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# CLIENT APPLICATION

**PLEASE ATTACH THE FOLLOWING ITEMS WITH YOUR CLIENT APPLICATION**

- Year-end financial statements for the past three (3) years (audited if available) and current interim statement. *If new business, or ownership change, please send a Proforma Balance Sheet and Income Statement.*
- Personal Financial Statement(s) of Owner(s) / Member(s)
- Most recent (month-end) aged Accounts Receivable and Account Payable Schedule
- Copy of Articles of Incorporation and if applicable Operating Agreement and / or Partnership Agreement
- Copy of Trust Agreement if Principal Owner and Shareholder is a Trust
- Copy of Business License for Sole Proprietor
- Copy of Drivers License of each Principal Owner and Shareholder
- Customer List of active accounts in Excel Format (with Customer Name, Address, Account Number, Contact Name and Phone Number)
- Business Letterhead
- Sample Invoice Copy

**Questions - Contact one of the following individuals.**

<i>Jeff Kirkland</i>	<i>jeff.kirkland@probfs.com</i>
<i>Allen Crawford</i>	<i>allen.crawford@probfs.com</i>
<i>Ginger Farley</i>	<i>ginger.farley@probfs.com</i>
<i>Becky Lucier</i>	<i>becky.lucier@probfs.com</i>

**PLEASE FORWARD COMPLETED CLIENT APPLICATION AND REQUESTED DOCUMENTS TO:  
*sales@probfs.com***