

COMMERCIAL CREDIT APPLICATION CHECKLIST

Forms:	
Commercial Credit Application	
Business Files:	
Bank Statements for the last three current months (1st page only)	
2018 fiscal year-end Financial Statements	
2017 fiscal year-end Financial Statements	
2016 fiscal year-end Financial Statements	
Corporate Tax Returns for 2018	
Corporate Tax Returns for 2017	
Corporate Tax Returns for 2016	
P&L & Balance Sheet (no older than 90 days)	
Personal Forms And Files (FOR EACH OWNER WITH 25%+ OF COMPANY)	
Personal Financial Statement Form (or recent signed P.F.S. from accountant)	
Tax Returns for 2018	
Tax Returns for 2017	
Tax Returns for 2016	

Please submit this document along with all completed forms and files via one of the following methods:

Web: Email credit@solrates.com to request a secure data room

Fax: (844) 497-2837

Email: credit@solrates.com



Website: www.solrates.com | Phone: (800) 417-4740 | Email: credit@solrates.com

BUSINESS INFORMATION

COMMERCIAL CREDIT APPLICATION

Form with fields for CUSTOMER (EXACT LEGAL NAME), DBA, PRIMARY BUSINESS STREET ADDRESS, CITY, STATE, ZIP, FEDERAL TAX ID NO. / EIN, PHONE NO., CELL NO., FAX NO., EMAIL, BUSINESS DESCRIPTION, YEARS IN BUSINESS, YEARS UNDER CURRENT OWNERSHIP, PREVIOUS YEAR GROSS ANNUAL SALES, TAX EXEMPT NO., EQUIPMENT LOCATION STREET ADDRESS, COUNTY, STATE, ZIP, BILLING ADDRESS, CITY, STATE, ZIP.

OWNERSHIP INFORMATION required for each owner (Sole Proprietor or Managing Partner of Partnership) with an equity interest of 25% or more and each guarantor as well as any one individual with a significant ability to manage or control the entity. Use addendum if needed.

Form with fields for OWNER / PARTNER / MEMBER / GUARANTOR, TITLE, SOCIAL SECURITY NO., % OWNED, DATE OF BIRTH, HOME STREET ADDRESS, CITY, STATE, ZIP, HOME PHONE NO.

BANK AND SECURED LOAN OR LEASE REFERENCES Use addendum if needed for additional references.

Form with fields for BANK / FINANCE COMPANY, CONTACT, PHONE NO., ACCOUNT NO.

VENDOR INFORMATION

Form with fields for VENDOR NAME, CONTACT, TELEPHONE NO.

EQUIPMENT DESCRIPTION / TERMS OF SALE If available, provide Sales Order with equipment list and pricing details as addendum.

Form with fields for EQUIPMENT DESCRIPTION, EQUIPMENT DESIGNATION, YEAR IF USED, TERM, END-OF-TERM OPTION.

ECOA NOTICE: DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION (BUSINESS CREDIT). If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial.

REPORTING AND NEGATIVE INFORMATION. We may report information about your account to credit reporting agencies. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

REPRESENTATIONS, AUTHORIZATIONS, AND AGREEMENTS. This application is for the commercial or governmental lease of goods and not for any financing for personal property to be used primarily for personal, family, or household purposes.

TCPA NOTICE: You agree that Bank, Bank affiliates, agents and service providers may monitor and record telephone calls regarding your account to assure the quality of service or for other reasons.

INDIVIDUAL AUTHORIZATION: By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of its obligations, provides bank written authorization to obtain and review his/her personal consumer report from any reporting agency in connection with this application.

By signing this application, the undersigned confirms that the undersigned has read and understands this application and that the information provided in connection with this application is true, correct and complete, and authorizes bank to rely on and use it to evaluate this application.

Form with fields for APPLICANT/AUTHORIZED REPRESENTATIVE SIGNATURE/GURANTOR, TITLE, DATE

Nature & History of Your Business: (A brief description and history of the company).

Is there a Parent Company associated with your business? If so please provide us the name and the details of the Parent Company including the State of Incorporation.

Purpose & Justification of Acquisition: Please specify the anticipated annual avoided electricity cost for the system, factoring in O&M costs.

Personal Financial Statement (1/2)

Name:	Birth Date:	Social Security Number:
Home Address:		
Business/Occupation:		
Do you have any dependents? Yes No If so, how many?	Do you have a will? Yes No If so, please name executor:	
Are you a defendant in any suits or Legal Action? Yes No	Have you ever claimed bankruptcy? Yes No If so, when:	

ASSETS	LIABILITIES
Cash available on-hand and unrestricted in banks \$	Notes payable to banks <i>Unsecured</i> \$
U.S. Government Securities \$	Notes payable to banks <i>Secured</i> \$
Cash surrender value of life insurance policies \$	Loan against life insurance policy \$
Publicly traded stocks and securities (AMEX, NYSE) \$	Notes payable to others \$
Other stocks and bonds \$	Accounts Payable \$
Accounts Receivable \$	Taxes and assessments payable \$
Notes Receivable \$	Mortgages on real estate \$
Real Estate (cost or market value) <i>Do not deduct mortgages</i> \$	Other liabilities - Please itemize \$
Automobiles in your name \$	\$
Other assets - Please itemize \$	\$
\$	\$
\$	\$
TOTAL ASSETS \$	TOTAL LIABILITIES \$

*Subtract your total liabilities from your total assets = **NET WORTH: \$***

INCOME INFORMATION	CONTIGENT LIABILITIES
Salary \$	As Guarantor \$
Bonus and Commissions \$	On leases or contracts \$
Dividends \$	Legal claims \$
Real-estate income \$	Federal Income Tax \$
Other income - alimony, child support, etc. \$	Other - Please itemize \$
TOTAL INCOME \$	TOTAL CONTIGENT LIABILITIES \$

BANKING INFORMATION					
Name of Bank	Telephone Number	Cash Balance	Type of Account	Account Number	Name on Account
1.		\$			
2.		\$			
3.		\$			
4.		\$			

Personal Financial Statement (2/2)

Schedule 1 Banking Relations (Loans, Lines of Credit...)				
<i>Attach additional pages if necessary</i>				
Name of Bank	a) Amount of Loan b) What was the loan for?	Opening Date	Term of Loan	Secured? If so, how?
1.	a) \$ b)			
2.	a) \$ b)			
3.	a) \$ b)			
4.	a) \$ b)			

Schedule 2 Notes Receivable			
Name of debtor and address	Age of Debt and description	Amount Owing	Term of Loan
1.		\$	
2.		\$	
3.		\$	

Schedule 3 Life Insurance							
Name of Insured	Name of Beneficiary	Name of Insurance Company	Yearly Premium	Face Amount	Cash Surrender Value	Loans against policy	Type of policy
1.			\$	\$	\$		
2.			\$	\$	\$		
3.			\$	\$	\$		

Schedule 4 Stocks and Bonds						
Name of Security	Name Security is registered in:	To whom it is pledged	Ticker Symbol	Number of shares	Cost	Market Value
1.					\$	\$
2.					\$	\$
3.					\$	\$
4.					\$	\$

Schedule 5 Real Estate						
Address (include city and state and if it is a rental property)	Title in name of	Date acquired	Cost (Purchase price)	Market Value	Mortgages (Original Amount)	Unpaid Balance
1.			\$	\$	\$	\$
2.			\$	\$	\$	\$
3.			\$	\$	\$	\$
4.			\$	\$	\$	\$

The undersigned submits the above as being a true and accurate statement of his or her financial condition on the indicated date and agrees that the bank will and may rely thereon, and agrees that if any change occurs that materially reduces the means or ability of the undersigned to pay all claims or demands against him or her, the undersigned will immediately and without delay notify the said Bank, and unless the Bank is so notified it may continue to rely upon the statement herein given as a true and accurate statement of the financial condition of the undersigned. In considering this loan request from you, the bank will rely heavily on the information which you have supplied. It is most important that the information be accurate and complete. It is a federal crime to make a false statement on this application.

Signature: _____

Date: _____