



Fax

To: ASSET CAPITAL

From:

Fax: 780-669-7087

Pages:

Phone:

Date:

Re: Application Submission

cc:

Urgent For Review Please Comment Please Reply Please Recycle

● Comments:

The attached file are:

Page 1, 2 3, of application Signed

COMPANY INFORMATION

Business Name (If applicable)

Tax ID #

Physical Address:

Phone # (s)

(Business)

City, State & Zip:

(Cell)

Billing Address:

(Fax)

City, State & Zip:

Email Address:

Website Address:

Type of Business (Auto parts sales, equipment sales, restaurant, etc.)

of Employees

Business Organized as

(S Corp. / C Corp. / Partnership / Proprietorship / LLC)

Date Business Established

List all Officers / Members / Partners / and/or all stockholders owning 10% or more of the business (as applicable)

Name	Title	% Owned (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

INDIVIDUAL INFORMATION

[#1] Individual Name

Social Security # (s)

Date of Birth

Physical Address:

Phone # (s)

City, State & Zip:

(Home)

Billing Address:

(Work)

City, State & Zip:

(Cell)

Email Address:

Driver's License #

State Issued

Date Issued

Expiration Date

[#2] Individual Name

Social Security # (s)

Date of Birth

Physical Address:

Phone # (s)

City, State & Zip:

(Home)

Billing Address:

(Work)

City, State & Zip:

(Cell)

Email Address:

Driver's License #

State Issued

Date Issued

Expiration Date

INDIVIDUAL INFORMATION (Continued...If needed)

[#3] Individual Name Social Security # (s) Date of Birth / /

Physical Address: Phone # (s)

City, State & Zip: (Home)

Billing Address: (Work)

City, State & Zip: (Cell)

Email Address:

Driver's License # State Issued Date Issued / / Expiration Date / /

[#4] Individual Name Social Security # (s) Date of Birth / /

Physical Address: Phone # (s)

City, State & Zip: (Home)

Billing Address: (Work)

City, State & Zip: (Cell)

Email Address:

Driver's License # State Issued Date Issued / / Expiration Date / /

ESTIMATED PROJECT COSTS

New building construction	<input type="text"/>	Refinance current loan(s)	<input type="text"/>
Acquisition of existing building	<input type="text"/>	Operating Line of Credit	<input type="text"/>
Building improvements and repairs	<input type="text"/>	Other: _____	<input type="text"/>
Purchase of Vacant Property	<input type="text"/>	Other: _____	<input type="text"/>
Purchase of equipment	<input type="text"/>	Other: _____	<input type="text"/>
Purchase of vehicle(s)	<input type="text"/>	TOTAL PROJECT COSTS	<input type="text"/>
Purchase of Inventory	<input type="text"/>	Less: Owner's Investment into project	<input type="text"/>
TOTAL LOAN REQUEST			<input type="text"/>

PROPOSED COLLATERAL

You may attach a list of machinery, vehicles, etc.

Collateral Description	Est. Value	Collateral Description	Est. Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL COLLATERAL			<input type="text"/>

TO COMPLETE THIS APPLICATION, PLEASE SUBMIT THE FOLLOWING:

- > Copy of drivers license and social security card for each individual on the application
- > Personal Tax Returns with all pages and schedules, for the past three years for each individual on the application (**with W-2s**)
- > Current (within 90 days) personal balance sheet for each individual on the application
- > *Corporate/Partnership/LLC Tax Returns, with all pages and schedules, for the past three years
- > *Current (within 90 days) Profit and Loss statement for the business
- > *Current (within 90 days)Corporate/Partnership/LLC balance sheet
- > *Corporate/Partnership/LLC organization information, which may include:
Article of Incorporation | Bylaws | Partnership Agreement
- > *Purchase agreements, contracts, letter of intent, equipment lists or other documents relevant to the loan request

(* **If applicable.** If you have questions about what you need to provide for your application, please call us. We are here to help.)

All applicable information listed above must be submitted to make this a complete application. Additional information specific to your request and or situation may be required in addition to the items listed above. If you do not send all the information listed above your application will remain in pending and will not be worked on.

Asset Capital Corp <> CO/ 3352 - 11215 Jasper Ave <> Edmonton AB Canada T5K 0L5

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with Asset Capital Corp or its assigns on behalf of the undersigned, or persons, organizations or corporations in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in Asset Capital Corp. or assignees favor. Each undersigned understands that Asset Capital Corp.on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit or approach affiliated or non affiliated coproarations. Each undersigned represents and warrants that the information provided to Asset Capital Corp. and/or its assignee as part of this application is true and complete, including, but not limited to all financial statements, tax returns, balance sheets and profit & loss statements. Asset Capital Corp. or assigns may consider this statement as continuing to be true and correct until a written notice of a change is given to Asset Capital Corp. or assigns by the undersigned. Asset Capital Corp. or its local assignee is authorized to make all inquiries it deems necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness now or in the future. Asset Capital Corp. ot its assignee is authorized to provide requested information about its credit experience with me/us. My signature below is as an individual and (if applicable) as proper representative of the organizations or corporations.

Signature	Title (If Applicable)	Date
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Signature	Title (If Applicable)	Date
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Signature	Title (If Applicable)	Date
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Signature	Title (If Applicable)	Date
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If this is an application for joint credit, Borrower / Co-Borrower each agree that we intend to apply for joint credit (sign below):

Signature	Signature
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Signature	Signature
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Office Use Only:

_____ Date Received

ASSET CAPITAL CORP

_____ Officer Initials