



Application for Private Company Credit Score

30200 Telegraph Rd. – Suite 250 Bingham Farms, MI 48025
www.eprofitguard.com - (866) 990-1099 Phone (248) 646-0525 Fax

Legal Business Name: _____ DBA: _____

Organizational Structure: C Corp. S Corp. LLC LLP Sole Proprietor Partnership

Tax ID # _____ DUNS # _____

Primary Business Mailing Address

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip Code: _____

Business Physical Address (if different)

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip Code: _____

Business Type: Broker/Trader Scrap Processor Ferrous Producer Non Ferrous Producer Other

Specify Line of Business or Focus: _____

Number of Locations: _____ List Locations: _____

Date Started: _____ Years under current management: _____

Is the company currently operating in Bankruptcy? YES NO

Has the company ever filed for Bankruptcy Protection? YES NO

If yes, please specify date: _____ Discharge/ Emergence Date: _____

Please indicate if you will be providing financial statements with this application: YES NO

If yes, please indicate how you will submit: Attached Mail Fax email

If no, please provide a reason for not sending: _____

Last Estimated Annual Revenue (in US\$): _____ Estimated Net Income: _____

CPA/ Public Accounting Firm Reference

Name of Firm: _____ Contact Name: _____

Phone: _____ email: _____

Bank Reference

Bank Name: _____ Address: _____

Contact Name: _____ Phone: _____ email: _____

Business Line of Credit or Credit Facility: YES NO

Account Number: _____

Balance: _____

Business Checking Account: YES NO

Account Number: _____

Balance: _____

Trade References

- 1. Company Name: _____
Address: _____ State: _____ Zip Code: _____
Contact Name: _____ Phone: _____ Fax: _____
Email: _____
High Credit (in US\$): _____ Amount Owed (in US\$): _____

- 2. Company Name: _____
Address: _____ State: _____ Zip Code: _____
Contact Name: _____ Phone: _____ Fax: _____
Email: _____
High Credit (in US\$): _____ Amount Owed (in US\$): _____

- 3. Company Name: _____
Address: _____ State: _____ Zip Code: _____
Contact Name: _____ Phone: _____ Fax: _____
Email: _____
High Credit (in US\$): _____ Amount Owed (in US\$): _____

Management / Ownership Structure (Individual or Corporate Owner)

- 1. Name: _____ Title: _____ % of Ownership: _____ Since: _____
Phone: _____ Fax: _____ email: _____

- 2. Name: _____ Title: _____ % of Ownership: _____ Since: _____
Phone: _____ Fax: _____ email: _____

- 3. Name: _____ Title: _____ % of Ownership: _____ Since: _____
Phone: _____ Fax: _____ email: _____

If your company was started in the last 12 months

Date Started: _____ Initial Capital (in US\$): _____
Amount of Loans: _____ Loan Source: _____

Proprietor / Owner prior experience or professional background information (please provide attached sheet if required)

By signing the form below, submitting this information electronically, by fax, or mail, I acknowledge and agree on behalf of the business entity as its Authorized Officer / Agent and by myself as an individual applicant: 1) that all information provided is accurate and correct to the best of my knowledge; 2) that ProfitGuard LLC (PG) is authorized to contact third parties to investigate information on the company and its officers for the purpose of evaluating credit worthiness and business transactions; 3) that I agree to inform PG of any changes to the company's legal status or to the information provided above; 4) that the bank and trade references provided herein are authorized by the company to release all information requested to PG.

Note of Confidentiality: All information submitted by the company and obtained by PG is held in strict confidence unless otherwise stated by the company.

If submitting financial statements please indicate if the information can be shared in PG reports: YES NO

If yes, please indicate what info you would like to be published in the credit reports below:

Please select Financial Highlights:

- Net Sales
- Net Income
- Operating Income
- Current Ratio
- Total Assets
- Total Liabilities
- Tangible Net Worth
- Cash Flow from Operation
- Free Cash Flow
- Debt to Equity

Authorized Party:

Signature: _____ Date: _____

Name: _____ Title: _____

Phone: _____ Fax: _____ email: _____