



# Camel Financial, Inc.

4667 MacArther Blvd, Suite 200 Newport Beach, CA 92600  
(949) 722-7717 Fax: (949) 722-2988

## Application to enter into a Security Agreement for Financial Services

Business Name \_\_\_\_\_ Date Established \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

If doing business in more than one place, list additional addresses: \_\_\_\_\_

Does the business use a fictitious name? Yes \_\_\_ No \_\_\_ If yes, where is it filed? \_\_\_\_\_

What is the fictitious business name? \_\_\_\_\_

What state is the company incorporated in? \_\_\_\_\_ Corporate ID # \_\_\_\_\_

Articles of Incorporation and or fictitious business name filing is hereby provided Yes \_\_\_ No \_\_\_

If a partnership, where has partnership agreement been filed? \_\_\_\_\_

Proprietorship     Partnership     LLC     Corporation    State of Incorporation: \_\_\_\_\_

### PRINCIPALS

President, sole proprietor, or senior partner  
Name: \_\_\_\_\_ DL# \_\_\_\_\_  
Home Address: \_\_\_\_\_ DOB \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Social Security # \_\_\_\_\_  
% Owned \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

President, sole proprietor, or senior partner  
Name: \_\_\_\_\_ DL# \_\_\_\_\_  
Home Address: \_\_\_\_\_ DOB \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Social Security # \_\_\_\_\_  
% Owned \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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% Owned \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

President, sole proprietor, or senior partner  
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City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Social Security # \_\_\_\_\_  
% Owned \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### SUPPORT INFORMATION

Name of Accountant: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Attorney: Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insurance Agent: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_



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## GENERAL INFORMATION

Federal Identification Number: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

How often do you file 941 payroll taxes? Weekly: \_\_\_\_\_ Monthly: \_\_\_\_\_ Quarterly: \_\_\_\_\_ Yearly: \_\_\_\_\_

Do you have any Federal or State taxes past due? Yes \_\_\_\_\_ No \_\_\_\_\_ Has a lien been filed? \_\_\_\_\_

How often are financial statements prepared? \_\_\_\_\_ (Please attach most recent copies)

Do you use pay roll service? Yes \_\_\_\_\_ No \_\_\_\_\_

## BANKING INFORMATION

### BUSINESS CHECKING ACCOUNT

Name of bank: \_\_\_\_\_ How long with bank? \_\_\_\_\_

Bank address: \_\_\_\_\_

Account No: \_\_\_\_\_ Name of bank officer: \_\_\_\_\_ Phone: \_\_\_\_\_

### BUSINESS LOAN ACCOUNT

Name of institution: \_\_\_\_\_ How long with institution? \_\_\_\_\_

Institution address: \_\_\_\_\_ Phone: \_\_\_\_\_

Type & amount of loan: \_\_\_\_\_ Type of collateral: \_\_\_\_\_

PERSONAL ACCOUNT OF \_\_\_\_\_ President \_\_\_\_\_ Proprietor \_\_\_\_\_ Partner \_\_\_\_\_ Secretary

Name of bank: \_\_\_\_\_ Account No? \_\_\_\_\_

Bank address: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

## ACCOUNTS RECEIVABLE INFORMATION

Amount of receivables now open? \_\_\_\_\_ Average monthly sales? \_\_\_\_\_

Approximate No. of accounts? \_\_\_\_\_ Terms of sales: \_\_\_\_\_

Are you factoring now or have you factored before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, with what company? \_\_\_\_\_

Are your accounts receivable pledged as collateral? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, to whom pledged? \_\_\_\_\_

Any other commercial loans/leases outstanding? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \_\_\_\_\_

If yes, to whom and what pledged? \_\_\_\_\_

\*If additional space required, please list on back of this page

## SUPPLIER INFORMATION

### LIST OF PRINCIPAL SUPPLIERS

Name	What do they supply	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____



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## CUSTOMER INFORMATION

Name	Address	Phone	Credit Line
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

\*If additional space required, please list on a separate page.

Amount you intend to factor on a monthly basis: \_\_\_\_\_

An account receivable aging or ledger sheet are hereby provided,

Are you presently leasing your business space? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of landlord and/or management company

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Period of lease: \_\_\_\_\_ Amount of monthly rental \$ \_\_\_\_\_

Are you currently under the protection of the United States Bankruptcy laws? Yes \_\_\_\_\_ No \_\_\_\_\_

Why do you want to finance your accounts receivable? \_\_\_\_\_

Please list any other companies you feel may benefit from our program: \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

## PERSONAL REFERENCES

(Known for at least 2 years)

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

## BUSINESS REFERENCES

(Customers Only)

Company Name	Individual	Address	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

This serves as my permission for the release of any information regarding this application for the purposes of credit investigation. Please begin the verification and remittance address change process for the accounts receivable submitted to you in order for us to qualify as a client. The above statements are true and accurate to the best of my information and belief.

Date: \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_