



JOVAI CAPITAL  
COMMERCIAL LENDING

P 312.778.6300

Email | [info@jovaicapital.com](mailto:info@jovaicapital.com)

[www.iovaicapital.com](http://www.iovaicapital.com)

## Purchase Order Financing Application

Requested Facility Size \$ \_\_\_\_\_ Projected Annual Sales: \$ \_\_\_\_\_  
Referred by: \_\_\_\_\_ Current Amount of Open A/R: \$ \_\_\_\_\_

### GENERAL BUSINESS INFORMATION

Legal Name(s) of Business: \_\_\_\_\_  
Trade Name(s) of Business: \_\_\_\_\_  
Business Description: \_\_\_\_\_  
Intended Use of Proceeds: \_\_\_\_\_  
Primary Business Address: \_\_\_\_\_  
Alternate Mailing Address: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_ State of Organization: \_\_\_\_\_  
Legal Form of Business: \_\_\_\_\_ Date of Foundation: \_\_\_\_\_  
Federal Tax ID#: \_\_\_\_\_ Website: \_\_\_\_\_

Primary Business Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Secondary Business Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Chkg Acct #: \_\_\_\_\_ Svgs Acct #: \_\_\_\_\_ Loan #: \_\_\_\_\_

Accountant Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Accountant Address: \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Attorney Address: \_\_\_\_\_

Insurance Agent Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Insurance Agent Address: \_\_\_\_\_ Policy Exp: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Monthly Pmt: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_ Lease Exp: \_\_\_\_\_

### FINANCIAL SUMMARY

	Sales	Gross Margin	Operating Income	Net Income
YTD	_____	_____	_____	_____
Projected 2017	_____	_____	_____	_____



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2016

\_\_\_\_\_

2015

\_\_\_\_\_

Total Current Assets: \_\_\_\_\_

Total Assets: \_\_\_\_\_

Total Current Liabilities: \_\_\_\_\_

Total Liabilities: \_\_\_\_\_

Total Equity: \_\_\_\_\_

Total Contributed Equity: \_\_\_\_\_



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### COMPANY DEBT AND LIABILITIES SCHEDULE

Creditor Name	Date	Original Amount	Present Balance	Int Rate	Collateral	Maturity Date
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

### ACCOUNTS RECEIVABLE INFORMATION

Trade Receivables Outstanding

0-30 days \_\_\_\_\_ 31-60 days \_\_\_\_\_ 61-90 days \_\_\_\_\_ Over 90 days \_\_\_\_\_

Average Monthly Sales \_\_\_\_\_ Total # of Customers \_\_\_\_\_

Average # of Invoices/Month \_\_\_\_\_ Average Invoice Value \_\_\_\_\_

Average # of Days to Collect \_\_\_\_\_ Write-Off % \_\_\_\_\_ Terms of Sale \_\_\_\_\_

Average Length of Customer Relationship \_\_\_\_\_ Are Key Customers Domestic or Foreign \_\_\_\_\_

Any Credit Enhancement such as a Factor, Credit Insurance or Guarantee \_\_\_\_\_

### ACCOUNTS PAYABLE INFORMATION

Trade Payables Outstanding

0-30 days \_\_\_\_\_ 31-60 days \_\_\_\_\_ 61-90 days \_\_\_\_\_ Over 90 days \_\_\_\_\_

Average Monthly Purchases \_\_\_\_\_ Total # of Vendors \_\_\_\_\_

Terms of Purchase \_\_\_\_\_ Average # of Days to Pay \_\_\_\_\_

Average Length of Vendor Relationship \_\_\_\_\_ Are Key Suppliers Domestic or Foreign \_\_\_\_\_

### DETAILED BUSINESS INFORMATION

Below please describe in detail the Company's product offerings

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Current Inventory Level at Cost \_\_\_\_\_ YTD Min Inventory Level at Cost \_\_\_\_\_

YTD Max Inventory Level at Cost \_\_\_\_\_ Annual Inventory Turns \_\_\_\_\_

Describe Business Seasonality \_\_\_\_\_

Describe your inventory processing and tracking systems:

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Does the Company perform manufacturing or value-add processing? If so, please describe

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**KEY SUPPLIERS:**

Company Name	How Long	Shipment Method	Annual Purchase Volume	Description of Products
<hr/>				
Address _____			% of Inventory Purchased _____	
Company Name	How Long	Shipment Method	Annual Purchase Volume	Description of Products
<hr/>				
Address _____			% of Inventory Purchased _____	
Company Name	How Long	Shipment Method	Annual Purchase Volume	Description of Products
<hr/>				
Address _____			% of Inventory Purchased _____	



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**KEY CUSTOMERS:**

Company Name	How Long	Shipment Method	Annual Sales Volume	Desc of Customer Business
Address _____				% of Sales _____
Company Name	How Long	Shipment Method	Annual Sales Volume	Desc of Customer Business
Address _____				% of Sales _____
Company Name	How Long	Shipment Method	Annual Sales Volume	Desc of Customer Business
Address _____				% of Sales _____

**FACTOR RELATIONSHIP**

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

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

Factor Contact: \_\_\_\_\_ Factor Telephone #: \_\_\_\_\_

Length of Relationship: \_\_\_\_\_ Factor Line Limit: \_\_\_\_\_

**COMPANY LEGAL AND OPERATING  
CONDITION**

Does the Company Currently Have any Secured Creditors?  
Are any UCC's on File with A/R as Collateral?  
Are there any delinquent Federal, State or Payroll taxes?  
Has the Company/Principals ever filed Bankruptcy?  
Has any Owner/Officer ever been arrested or convicted  
of any felony or misdemeanor?  
Are there any Judgments/Liens against the Company or  
any Owner/Officer?  
Has the Company ever operated under a different name?  
Is the company now or within the last year involved in  
any lawsuits?

Y / N If Yes, With Whom?: \_\_\_\_\_

Y / N If Yes, Explain: \_\_\_\_\_

Y / N If Yes, Explain: \_\_\_\_\_

Y / N If Yes, Explain: \_\_\_\_\_

Y / N If Yes, Explain: \_\_\_\_\_

Y / N If Yes, Explain: \_\_\_\_\_

Y / N If Yes, Explain: \_\_\_\_\_

**OWNER/OFFICER/PARTNER  
INFORMATION**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Social Security # \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Ownership %: \_\_\_\_\_

Position: \_\_\_\_\_ DOB: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Prior Addresses Within Last 10 Years: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Social Security # \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Ownership %: \_\_\_\_\_

Position: \_\_\_\_\_ DOB: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Prior Addresses Within Last 10 Years: \_\_\_\_\_



## **REQUIRED FINANCIAL INFORMATION**

**In order to prevent delays, please include the following information with your application:**

- ☐ **Application**
- ☐ **Customer List with names, addresses, zip codes and phone numbers**
- ☐ **Financial Statement (Profit & Loss Statement and Balance Sheet)**
  - ☐ **Business (current month, year-to-date and projections)**
  - ☐ **Tax Returns (previous three years)**
  - ☐ **Personal Financial Statement for all owners with 20% or more equity interest (current, on Durham Commercial Capital's form if possible)**
  - ☐ **Copy of most recent 941 filing and last year's tax return**
- ☐ **Copy of Articles of Incorporation, Corporate By-laws, and DBA filing if applicable**
- ☐ **Accounts Payable Aging**
- ☐ **Detailed Accounts Receivable Aging by invoice**
- ☐ **Copies of Purchase Orders from customers**
- ☐ **Copies of any contracts related to this Purchase Order**
- ☐ **Copies of Purchase Orders to vendors for materials purchased to complete project**



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## AUTHORIZATION TO OBTAIN INFORMATION

We authorize JoVai Capital LLC (JVC) to obtain whatever information regarding employment, bank accounts, and/or outstanding credit (mortgage, auto, personal, home improvement, charge cards, credit unions, etc.) that JVC deems to be necessary in connection with this application or in the course of review or collection, of any credit extended in reliance on this application. We authorize and instruct any consumer credit agency, commercial credit reporting agency, business or person to compile and furnish to JVC any such information regarding us or our business(es) as may be requested by JVC and agree that such information, along with this application, shall remain JVC's property whether or not the application is approved.

This authorization will be valid for a period of two years from the date below or as long as the applicant has an outstanding balance with JVC. A photocopy of this authorization will be valid as the original. We authorize JoVai Capital LLC to verify or check any of the information given, including credit references and employment and to obtain credit bureau reports as JoVai Capital LLC deems necessary.

We hereby authorize JVC to record UCC1 financing statements in any jurisdiction which it deems appropriate.

The statements made in and documents attached to this application are true and accurate. We sign this application under penalty of perjury. We acknowledge that JVC will rely on this information to provide money to us. Each of the undersigned has read this application and the documents attached to it and are authorized to sign in their respective positions set forth below.

If you have forwarded this application to us electronically, this will act as your signature and authorization to proceed with our analysis. If you wish to add your electronic signature, please proceed to the non-required signature fields below.

Principal Name: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Principal Name: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**Submit via Email to**  
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