

Financial Package Checklist

ALL APPLICANTS

- Credit Application, Completed and Signed

\$100,000 - \$299,000

- Most Recent Year-End Financial Statements (must be less than 1 year old)
- Corresponding Business Tax Return (unless financial statement is CPA audited)
- Interim Financial Statements
- Most Recent Personal Tax Return on Owners (if business is closely held)
- Personal Financial Statement on Owners

\$300,000 - \$499,000

- Same as above, but include TWO YEARS of financial statements and tax returns

\$500,000 - \$5,000,000

- THREE YEARS audited financial statements

Please overnight your financial package to:

Credit Processing
Accera Group
9510 W SAHARA AVE STE 200
LAS VEGAS NV 89117



Credit Application

LEGAL BUSINESS NAME (INCLUDING DBA IF DIFFERENT)

STREET ADDRESS

CITY STATE ZIP

() -

() -

PHONE N°

FAX N°

VENDOR NAME

SALES REP.

STREET ADDRESS

CITY STATE ZIP

() -

() -

PHONE N°

FAX N°

CORPORATION PROPRIETORSHIP PARTNERSHIP LLC LLP

BUSINESS TYPE

YEARS IN BUSINESS

FEDERAL TAX ID

Equipment:

EQUIPMENT DESCRIPTION

\$

EQUIPMENT COST

TERM

\$

LEASE PAYMENT

LEASE OPTION

EQUIPMENT LOCATION (IF DIFFERENT FROM ABOVE)

Bank (If current account has been open less than two years, include previous bank.):

CURRENT BANK

PREVIOUS BANK

CONTACT

CONTACT

() -

() -

PHONE N°

PHONE N°

ACCOUNT N°

HOW LONG OPEN?

ACCOUNT N°

HOW LONG OPEN?

Trade (Include previous business lease or loan references.):

BUSINESS NAME

BUSINESS NAME

BUSINESS NAME

ACCOUNT N°

ACCOUNT N°

ACCOUNT N°

CONTACT

CONTACT

CONTACT

() -

() -

() -

PHONE N°

PHONE N°

PHONE N°

Personal Information (Include phone numbers.):

NAME & TITLE

NAME & TITLE

ADDRESS

ADDRESS

CITY STATE ZIP

CITY STATE ZIP

() -

() -

Social Security N°

Phone N°

Social Security N°

Phone N°

Release:

To Whom It May Concern,

I hereby authorize the release of any information requested on my personal or company credit standing to Accera Group.

AUTHORIZED SIGNATURE

TITLE

DATE



Personal Financial Statement

§4: Real Estate Owned (LIST EACH PARCEL SEPARATELY. USE ATTACHMENTS IF NEEDED. SIGN AND IDENTIFY EACH AS PART OF THIS STATEMENT.)

	PROPERTY A	PROPERTY B	PROPERTY C
TYPE OF PROPERTY			
NAME & ADDRESS OF TITLE HOLDER			
DATE PURCHASED			
ORIGINAL COST			
PRESENT MARKET VALUE			
NAME & ADDRESS OF MORTGAGE HOLDER			
MORTGAGE ACCOUNT N ^o			
MORTGAGE BALANCE			
AMOUNT OF PAYMENT PER MONTH/YEAR			
STATUS OF MORTGAGE			

§5: Other Personal Property/Assets

DESCRIPTION OF PROPERTY AND/OR ASSETS
 (FOR ANY PLEDGED AS SECURITY, NAME AND ADDRESS OF LIEN HOLDER, AMOUNT OF LIEN, TERMS OF PAYMENT AND DESCRIPTION OF DELINQUENCY, IF ANY):

§6: Unpaid Taxes

DETAILED DESCRIPTION OF TYPE, TO WHOM PAYABLE, WHEN DUE, AMOUNT AND TO WHAT PROPERTY, IF ANY, A TAX LIEN ATTACHES:

§7: Other Liabilities

DETAILED DESCRIPTION:

§8: Life Insurance Held

FACE AMOUNT AND CASH SURRENDER VALUES OF POLICIES — NAME OF INSURANCE COMPANY AND BENEFICIARIES:

Release

I authorize Accera Group or assignee to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a lease or loan or guaranteeing one. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18U.S.C. 1001).

 SIGNATURE SOCIAL SECURITY N^o DATE

 SIGNATURE SOCIAL SECURITY N^o DATE