

# TRINITY VENTURE CAPITAL

DBA: TRINITY LAND & LIVESTOCK LLC.

## Application

### General Information:

Legal Name of Business: \_\_\_\_\_

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

Federal ID #: \_\_\_\_\_

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Other #: \_\_\_\_\_

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

### Company Structure:

- Corporation Year: \_\_\_\_\_ State: \_\_\_\_\_
- Partnership
- Proprietorship
- Other (Explain): \_\_\_\_\_

Has there been a change of owners in the past year?

Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

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Has the Company ever changed its name?

Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Brief description of the business or primary product: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Primary Bank: \_\_\_\_\_

Account Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Account #'s: \_\_\_\_\_

## **Individual Information #1**

All Officers, Directors, Partners, and Principals please complete the following information:

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

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Other #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Percentage Ownership: \_\_\_\_\_

Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

10082 E. EIGHT MILE RD. STOCKTON, CA. 95212

209/608-7442 FAX 209/339-4077

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## Individual Information Cont.

All Officers, Directors, Partners, and Principals please complete the following information:

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

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Other #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Percentage Ownership: \_\_\_\_\_

Title: \_\_\_\_\_

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

## Accounts Receivable Information

Describe in detail your billing process from invoice to collection: \_\_\_\_\_

Total Receivables: \_\_\_\_\_

Current \$: \_\_\_\_\_ 1 – 30 past due\$: \_\_\_\_\_ 31-60 past due\$ \_\_\_\_\_ 61+ past due \$ \_\_\_\_\_

Average number of invoices per month: \_\_\_\_\_

Average invoice amount: \_\_\_\_\_

Total billings during past 30 days: \_\_\_\_\_

Previous 12 months: \_\_\_\_\_

Annual bad debit write off: \_\_\_\_\_

Do you deliver from purchase orders? \_\_\_\_\_

Do you have progressive billings? \_\_\_\_\_

Do you have contra accounts? \_\_\_\_\_

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Do you have sales affiliates? \_\_\_\_\_

Do you have consignment sales? \_\_\_\_\_

Do you have sales tax? \_\_\_\_\_

Do you have guaranteed sales? \_\_\_\_\_

Do you send out monthly billing statements? \_\_\_\_\_

Do you have bill now but hold in inventory? \_\_\_\_\_

Do you have contracts with your customers? \_\_\_\_\_

Do you have statement billing? \_\_\_\_\_

Do you have billings prior to completion? \_\_\_\_\_

Do you have government sales? \_\_\_\_\_

If you answered yes to any of the above questions, please explain. \_\_\_\_\_

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## **Historical Information**

Has the company ever sold, factored, or pledged its receivables? \_\_\_\_\_

If yes, please provide the following: balance owed \$ \_\_\_\_\_

Name and address of lender: \_\_\_\_\_

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Are the company's receivables & inventory currently being sold, factored or pledged? \_\_\_\_\_

Has any officer, owner or director been associated with a company that has previously sold, factored or pledged its receivables? \_\_\_\_\_

If yes, name and address of lender: \_\_\_\_\_

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Is this company now, or has it ever been, in bankruptcy? \_\_\_\_\_

Are any federal and/or state taxes past due? \_\_\_\_\_

If yes, balance owed \$ \_\_\_\_\_

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## Final Application Step

The information supplied in this application for factoring submitted to Trinity Venture Capital is true and correct to the best of my knowledge. By signing this form, I/we hereby authorize Trinity Venture Capital to investigate my/our credit worthiness and financial responsibility. I/we grant Trinity Venture Capital the right to procure any and all credit reports pertaining to any party to this application.

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Print Name

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Signature

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Date

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Title