



CLINICAL FINANCIAL SERVICES, LLC (CFS)

GENERAL APPLICATION

(Please complete, sign, and send back to CFS)

Business Name: _____

Business Manager or Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Date Established: _____

Telephone: _____ FAX: _____ e-mail: _____

Any Additional Addresses: _____

Any Previous Business Names: _____

TYPE OF ENTITY:

____ Corporation ____ Partnership ____ Sole Proprietorship

____ Limited Liability Co. ____ Other (Specify): _____

If a corporation, in which state are you incorporated? _____

OWNERS AND/OR OFFICERS:

1. **President** Name: _____ Driver's License: _____

Sole Proprietor Home Address: _____

Senior Partner _____ Own __ Rent__

Home Phone: _____ SS#: _____ Date of Birth _____

% Owned _____

2. **Secretary** Name : _____ Driver's License: _____

Other Partner Home Address: _____

_____ Own __ Rent__

Home Phone: _____ SS#: _____ Date of Birth _____

% Owned _____

3. **Other Officer** Name: _____ Driver's License: _____
 Shareholder Home Address: _____
 Partner _____ Own ___ Rent ___
Home Phone: _____ SS#: _____ Date of Birth _____
% Owned _____

CLINICAL RESEARCH RECEIVABLES:

Total Outstanding Receivables for Clinical Research Only: \$ _____
Have you ever sold these receivables before? (Yes _____ No _____)

PHARMACEUTICAL OR CRO CUSTOMERS:

1. Name: _____
Address: _____
2. Name: _____
Address: _____
3. Name: _____
Address: _____

BANKING INFORMATION:

Business Account:

Bank or S/L name: _____ Date Opened: _____
Address: _____
Account #: _____ Contact Name: _____ Phone: _____
ABA # _____ (for wire transfers)

Personal Account:

Bank or S/L name: _____ Date Opened: _____
Address: _____
Account # _____ Contact Name: _____ Phone: _____

TAX INFORMATION:

Federal ID #: _____ State ID #: _____

Number of Employees: _____

Any Federal or State taxes past due? (Yes ___ No ___) If yes, has lien been filed? (Yes ___ No ___)

If past due, please list type, quarter/year, and amounts: _____

Are any assets now assigned, pledged, or liened as collateral for a loan or other financing?

(Yes ____, No ____) If yes, please list to who, address, phone, and amount: _____

What are your annual clinical trial revenues? _____

How did you hear of CFS? _____

Please provide any of the following items that are readily available:

This documentation will help CFS to expedite your approval and provide you with maximum availability of capital.

- Company Financial Statements (2 years)
- Tax Return (2 years)
- Accounts Receivable Aging Report
- Brochure and/or CV's of Key Principles

I/We understand that the submission of this application does not mean that CFS will finance or provide any financial services. I/We understand that approval to finance may come only after the manager of CFS approves said application and the invoices offered are approved in accordance with the terms of CFS's Master Agreement.

This authorizes CFS to perform a background and/or credit check on the herein applicants.

The above information is true and accurate to the best of my information and belief.

Signed: _____ Date: _____, 20____

Title: _____