



Please mail or fax completed and signed form to:  
First Citizens Bank – Working Capital Finance • P.O. Box 4715 • Greensboro, NC 27404 • Toll Free Tel: (866) 214-2476 / Fax (336) 292-3725

# WORKING CAPITAL FINANCE APPLICATION & CLIENT INFORMATION

*(Incomplete information may cause delays . . . please complete in full.)*

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
*(As Registered With State Department of Taxation)*

Fax: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*(Street) (City) (State) (Zip Code)*

Physical Address *(if different)*: \_\_\_\_\_  
*(Street) (City) (State) (Zip Code)*

Are You Rated in Dun & Bradstreet?  No  Yes Under What Name? \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Established: \_\_\_\_\_ Present Management: \_\_\_\_\_ Employees: \_\_\_\_\_ Annual Sales: \$ \_\_\_\_\_ Net Worth: \$ \_\_\_\_\_

Has the business ever been in receivership or declared bankruptcy during the last 7 years?  No  Yes

Line of Business: \_\_\_\_\_ Are any Federal, State, or Local taxes past due?  No  Yes

**OWNERSHIP:**  Corporation  Indicate State of Incorporation  Partnership  Proprietor

Name of President, Partner, or Owner: \_\_\_\_\_

Home Phone: \_\_\_\_\_ SS#: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_

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

Name of Vice President, Partner, or Owner: \_\_\_\_\_

Home Phone: \_\_\_\_\_ SS#: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_

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

**TRADE REFERENCES:** Supplier Name: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Address (Street or PO Box): \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

**BANK:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Banker or Contact: \_\_\_\_\_

Address (Street or PO Box): \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Loan Account #: \_\_\_\_\_

Bank Authorization: **I hereby authorize the above named bank to disclose any and all information necessary for the completion of an application with First Citizens Bank – Working Capital Finance.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print or Type): \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

**DECLARATION AND AUTHORIZATION**

I/we apply to First Citizens Bank (the "Bank") for a Working Capital Finance relationship described above and certify that the information provided herein is, to the best of my/our knowledge, true, complete and correct. I/We understand that the information will be used by the Bank to determine credit worthiness. I/we hereby pay the Bank a non-refundable fee in the amount of \$ \_\_\_\_\_ for processing this application.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_