



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 INFORMATION & REQUEST FORM

Please complete and return this form to have a First Citizens Bank Working Capital Finance specialist contact you.

### BUSINESS INFORMATION

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

Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Type of Business: \_\_\_\_\_

How did you learn about First Citizens Working Capital Finance? \_\_\_\_\_

**To help us formulate a profile and create a Working Capital Finance recommendation for your business, please complete the following information.**

List of Top 10 Customers:

Name	Phone	Street Address	City, State, Zip Code	Credit Limit Requested
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### FINANCIAL INFORMATION:

Annual sales volume: \_\_\_\_\_ Average invoice amount: \_\_\_\_\_

Terms of sale (for example: 2%-10, net 30): \_\_\_\_\_

Are the company's taxes current? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently using your receivables as collateral? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of Institution: \_\_\_\_\_

### BANK INFORMATION:

Please list your primary bank name and address: \_\_\_\_\_  
\_\_\_\_\_

If First Citizens is your primary bank, please list the branch that you frequent most: \_\_\_\_\_