



**WBS FINANCIAL  
CORPORATION**

Mergers & Acquisitions Investment Banking

**BUSINESS FINANCE APPLICATION PACKAGE**

**Corporate:**

15851 Dallas Parkway, Suite 600

Addison, TX 75001

Corporate: 972-308-8545

Corporate Fax: 972-308-8546

**Business Finance Department:**

13237 Montfort Drive, #535

Dallas, TX 75240

Finance Department: 214-234-9861

Business Fax: 214-234-9918

Toll-Free: 1-888-368-4911 | Email: [finance@wbscorps.com](mailto:finance@wbscorps.com) | Website: [www.wbscorps.com](http://www.wbscorps.com)



WBS FINANCIAL  
CORPORATION

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Contact Information:

WBS Corps Finance Department  
Email: [finance@wbscorps.com](mailto:finance@wbscorps.com)  
Finance Department: 214-234-9861  
Business Fax: 214-234-9918  
Toll-Free: 1-888-368-4911, Ext. 506

Dear Applicant:

Thank you for considering WBS for your business finance needs. Attached is a copy of our loan application. Please complete the application to the best of your ability; any responses that you may be unsure of may be left blank at this time and will be further discussed upon the examination consultation.

Any principals within your company who have a greater than 20% equity position should complete separate copies of the application. Please note that if you have a current Personal Financial Statement available, you may use this in lieu of the attached Personal Financial Statement.

Upon completion, all documents can be faxed to 214-234-9918, **ATTN: Business Finance Department**. If mailing, please send to:

**WBS Financial Corporation  
Business Finance Department  
13237 Montfort Drive, #535  
Dallas, TX 75240**

If you have any questions or concerns, do contact us toll-free at 1-888-368-4911, Extension #506 or 214-234-9861.

Best Regards,

Business Finance Department



**Business Financial Analysis & Questionnaire**

Please complete the following questionnaire as it relates to the Business and financial requirements of the Company. *(Please attach any additional information and / or supporting documents that may be helpful as an attachment to this Questionnaire).*

Name of Company/Business:			
Company Location / Address:		City:	State:
Primary Contact:		Office No#:	Fax No#:
Best Contact No#:	Mobile #:	Email:	
Alternative Contact:		Contact No#:	
Business Start Date: ___/___/___	Primary Use of Financing: <input type="checkbox"/> Acquisition Cost <input type="checkbox"/> Debt Restructure <input type="checkbox"/> Business Expansion <input type="checkbox"/> Other: Describe: _____		
Finance Request: \$ _____ Timeframe: _____	Rate the business need for Capital / Financing: <input type="checkbox"/> Urgent <input type="checkbox"/> Important <input type="checkbox"/> Intermediate <input type="checkbox"/> Low		
Legal Description: Filing State(s): _____	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other: Please Describe: _____		
Number of Owners/Shareholders which have greater than 15% equity:			
Does the company have a business plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the company have historical / financial pro forma(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the service(s) and/or product(s) your business provides:			
What market(s) does your business primarily service?			
What do you estimate your Company's gross revenues will be in:		Year 1: \$ _____	
Are there any Letters of Interest / Contracts in place? <input type="checkbox"/> Yes <input type="checkbox"/> No		Year 2: \$ _____	
		Year 3: \$ _____	
List three advantages that you offer as a business/service provider over your competitors:			
1. _____			
2. _____			
3. _____			
What is the estimated outstanding Business/Company debt?		Mortgages: \$ _____	Business Loans: \$ _____
		Equipment: \$ _____	Other: \$ _____
<i>(Please provide brief description of other debt):</i>			
Do any Owner(s)/Shareholder(s) have personal debt on behalf of the Company/Business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is the total estimated Business Debt / Promissory Notes due to the Owner(s)/Shareholder(s)?			
What do you estimate your monthly operational cost to be?			
Does the Business/Company currently own the real estate of the business?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, would you consider purchasing commercial real estate on behalf of the business?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are leasing, what is your monthly lease rate? _____			
How would you rate the Business Credit of the Company?		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> No-Credit	
How would you describe the Overall Personal Credit of the Guarantors?		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> No-Credit	
Describe any major concerns:			
Number of employees in your Business/Company?		Will additional jobs be created after your funding? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the business currently have in place?			
(a) General Liability Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurer: _____	
(b) Hazard Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurer: _____	
(c) Health Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurer: _____	
(d) Other: Describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurer: _____	
1. Have all majority owners filed their last three years personal tax returns*?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Has the last three years of business tax returns (if applicable)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are up-to-date Business Financial Statements available? (i.e. Operating Statement, P&L and Balance Sheet)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have any majority owners, with a greater than 20% equity ownership ever filed bankruptcy*?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are any owner's currently involved in or a party of a lawsuit*?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is the business currently involved in or a party of a lawsuit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are currently seeking financing elsewhere*?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
*Please provide any explanation as an attachment to this questionnaire			

Authorized Signor: \_\_\_\_\_ Date: \_\_\_\_\_



## Authorization to Represent

I / We hereby authorize WBS Financial Corporation to represent and present the party(s) listed below financial request to any of its approved financial institutions, corresponding banks and / or investors which may be required to verify any business and personal credit reporting(s), business relationships, assets and references for the purpose of structuring a finance request. WBS Financial Corporation and / or any approved financial institution, corresponding bank or investor are only authorized to contact and verify these resources or reports ONLY for the purpose of this request. It is understood that a copy of this form will also serve as authorization.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Social Security Number:**    \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
**Signature** **Date:** \_\_\_\_\_

**Complete this Section if this is a Joint Request, which includes a Spouse**

**Joint Account Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Social Security Number:**    \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
**Signature** **Date:** \_\_\_\_\_

**Business Authorized Signor**

**Business / Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Tax Identification Number:**    \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

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



Date Received: \_\_\_\_\_

Section I: About Your Business			
Legal Name and / or Business Name:		Requested Loan Amount:	
Street Address:	City:	State:	Zip:
Mailing Address (if different from above):	City:	State:	Zip:
Tax ID No#:	Telephone #:	Fax#:	Email:
Has your business applied for a business Loan in the past 30 days? ___ Yes ___ No    Optional: Where and Status of Loan?			
Description of Business:			
Legal Description:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Non-Profit <input type="checkbox"/> DBA <input type="checkbox"/> Other: Please Describe: _____		
County / State: _____			
Date Business Started:	Number of Employee(s):	How long has current ownership been in place? ___ Years ___ Months	
Year End Sales:	Total Business Debt:	Business Location: <input type="checkbox"/> Leased <input type="checkbox"/> Owned   Monthly Rent: _____	

Section II: Loan Request		
<input type="checkbox"/> Line of Credit <input type="checkbox"/> Term Loan <input type="checkbox"/> Interim Construction <input type="checkbox"/> Refinance <input type="checkbox"/> Refinance-Cash Out <input type="checkbox"/> Acquisition Purchase <input type="checkbox"/> Bridge Financing		
Desired Term of Loan:	How will you / Business Qualify the loan: <input type="checkbox"/> Full Doc <input type="checkbox"/> Stated Income <input type="checkbox"/> No Doc	
What is the purpose of the Loan?	*Equipment, Lease Equipment, Real Estate, Working Capital, Inventory, Other:	
Collateral Available?	Industry Category:	Estimated Value:

Section III: Business Bank Account(s)			
Business Bank Name:		Other Business Bank Name:	
Acct Established (MM/YY):	Average Checking Balance:	Acct Established (MM/YY):	Average Checking Balance:
Credit Line Available:	Certificate of Deposits:	Credit Line Available:	Certificate of Deposits:

Section IV: Guarantor Information(s)							
Name:		Ownership Percent:		Name:		Ownership Percent:	
Home Address:				Home Address:			
City:	State:	Zip	<input type="checkbox"/> Own <input type="checkbox"/> Rent	City:	State:	Zip	<input type="checkbox"/> Own <input type="checkbox"/> Rent
How long at Current Address?		Home Phone Number:		How long at Current Address?		Home Phone Number:	
SSN#:		Date of Birth:		SSN#:		Date of Birth:	
Gross Monthly Salary: \$		Monthly House Payment: \$		Gross Monthly Salary: \$		Monthly House Payment: \$	
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed		Employer:		<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed		Employer:	
Position / Title:		Length of Employment:		Position / Title:		Length of Employment:	

Section V: Declarations (If "Yes" to any, please attach a separate sheet providing details)		
1.	Is the business currently involved in any litigation or other legal claims?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Has the business or any principal ever-declared bankruptcy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Are any taxes currently past due by the business or any principal? (FICA or Sales Taxes)	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	Is the company liable on any debts not shown above?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	Is the firm or principal contingently liable as guarantor or endorser?	<input type="checkbox"/> YES <input type="checkbox"/> NO

The signer(s) certifies that the information on this application is given to WBS for the purpose of obtaining a loan through an approved lending institution. We represent and warrant that the information set forth herein is accurate and complete in all respects. We acknowledge that the correspondent and / or lender that receive this and any application is relying on statements in this application and that the statements will be incorporated by reference into any agreement we may enter into with lender. We also realize that failure to completely and accurately disclose information requested would constitute a breach of any agreement that we may enter into with the lender of this application. The signer(s) authorized WBS Financial Corporation to verify the information and to obtain personal, consumer, and / or business credit reports and to share information with others as allowed/required by law. The Signer(s) further agrees to provide additional information upon request and to notify WBS Financial Corporation promptly of any material change in the information provided in this application.

Signature of Guarantor: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Guarantor: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



**PERSONAL FINANCIAL STATEMENT**

As of \_\_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock or (4) any person or entity providing a guaranty on the loan.

Name Business Phone

Residence Address Residence Phone

City, State & Zip Code

Business Name of Applicant/Borrower

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand & in Banks .....	\$	Account Payable .....	\$
Savings Accounts .....	\$	Notes Payable to Banks and Others .....	\$
IRA or Other Retirement Account .....	\$	(Describe in Section 2)	
Accounts & Notes Receivable .....	\$	Installment Account (Auto) .....	\$
Life Insurance-Cash Surrender Value Only		Mo. Payments \$_____	
(Complete Section 8)	\$	Installment Account (Other) .....	\$
Stocks and Bonds .....	\$	Mo. Payments \$_____	
(Describe in Section 3)		Loan on Life Insurance .....	\$
Real Estate .....	\$	Mortgages on Real Estate .....	\$
(Describe in Section 4)		(Describe in Section 4)	
Automobile – Present Value .....	\$	Unpaid Taxes .....	\$
Other Personal Property .....	\$	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities .....	\$
Other Assets .....	\$	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities .....	\$
Total . . .	\$	Net Worth .....	\$
		Total	\$

Section 1. Source of Income Contingent Liabilities

Salary .....	\$	As Endorser or Co-Maker .....	\$
Net Investment Income .....	\$	Legal Claims & Judgments .....	\$
Real Estate Income .....	\$	Provision for Federal Income Tax .....	\$
Other Income (Describe below)* .....	\$	Other Special Debt .....	\$

Description of other Income in Section 1.

\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Bank and Others.

(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		



