



## MAGNOLIA FINANCIAL, INC.

### Magnolia Financial, Inc. Credit Application Checklist

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

- Magnolia Financial, Inc. Credit Application
- Completed Billing Questionnaire/Page 7 of Credit Application
- Term Debt and Amortization with List of Lenders, Phone Numbers, Contacts, Accounts Numbers and Balances Outstanding/Page 6 of the Credit Application or your own format
- Completed Consent to the Use of a Consumer Credit Report form for each owner and the CFO/Controller/Page 5 of the Credit Application
- 3 Months Prior and Current Detailed Accounts Receivable Aging (with address and phone number for each customer)
- Most Recent Accounts Payable Aging
- Copy of actual bill/invoice and all corresponding backup documentation
- Signed and Dated Personal Financial Statements for each Owner  
*(personally created or on Magnolia's form)*
- Copy of Assumed Business Name Registration
- Most Recent Interim Financial Statements and Comparative Interim Financial Statements for previous year
- Past 2 years Tax Returns and Financial Statements
- LLC – need Operating Agreement



# MAGNOLIA FINANCIAL, INC.

## CREDIT APPLICATION

### Company Information:

Legal Company Name: \_\_\_\_\_ Primary Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax # \_\_\_\_\_ Tax I.D. # \_\_\_\_\_

Total # of Employees: \_\_\_\_\_

Date Established: \_\_\_\_\_ State Filed: \_\_\_\_\_

C-Corp  LLC  Proprietorship  S-Corp  Partnership

Trade and/or Past Names: \_\_\_\_\_

Affiliated Companies: \_\_\_\_\_

How did you hear about Magnolia Financial, Inc.? \_\_\_\_\_

Has there been a change of ownership during the last 12 months or has there been a change in the name of the business?  Yes  No

If Yes, please explain: \_\_\_\_\_

### We are a:

Manufacturer  Wholesale/Distributor  Service

Other (please explain) \_\_\_\_\_

### Our Customers are:

Retailers  Wholesalers  Industrial Firms  Government  Foreign

Construction  Other

### Principal(s) Information:

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

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

City: \_\_\_\_\_ City: \_\_\_\_\_

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

Phone#:(\_\_\_\_) \_\_\_\_\_ Phone#:(\_\_\_\_) \_\_\_\_\_

SSN: \_\_\_\_\_ SSN: \_\_\_\_\_

Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

### If To Pay Out a Current Lender:

Name of Lender: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Type of Facility: \_\_\_\_\_

Amount to be paid to lender: \$ \_\_\_\_\_ Current Facility Limit: \$ \_\_\_\_\_

Advance Rates: % \_\_\_\_\_ Facility Expiration: \_\_\_\_\_ Prepayment Penalty: \$ \_\_\_\_\_

**Accounts Receivable Information:**

On aging provided, invoices are using the:  Invoice Date  Due Date  
 Last 30 days sales: \$ \_\_\_\_\_ Last 12 months sales: \$ \_\_\_\_\_  
 Average # of customers: \_\_\_\_\_ Average # invoices/month: \_\_\_\_\_  
 Average Invoice Amount: \_\_\_\_\_ Average # of checks processed/mo.: \_\_\_\_\_  
 Terms of sale: \_\_\_\_\_ A/R turn: \_\_\_\_\_  
 Last 2 years bad debts were: Year 1 \$ \_\_\_\_\_ Year 2 \$ \_\_\_\_\_

**Top Five Customers**

	Name	City/State	Expected High Credit
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

**Does Your Invoicing Involve:**

Progress Billing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Governmental Sales	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sales to Current Vendors	<input type="checkbox"/> Yes <input type="checkbox"/> No	Milestone Billing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foreign A/R	<input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Card Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Payment by Wire	<input type="checkbox"/> Yes <input type="checkbox"/> No	Billings Prior to Completion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retainage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Deposits/Prepayments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consignment Sales	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bill now/hold in inventory	<input type="checkbox"/> Yes <input type="checkbox"/> No
Payment by ACH	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sales to Affiliates	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Staffing Only**  
 Percentage of Revenue: Temporary Staffing: \_\_\_\_% Permanent Placement: \_\_\_\_%  
 Invoicing of Customers:  Weekly  Bi-Weekly  Bi-Monthly  Monthly  
 Payment of Employees:  Weekly  Bi-Weekly  Bi-Monthly  Monthly  
 Last two years Worker's Comp claims history were: Year 1: \$ \_\_\_\_\_ Year 2: \$ \_\_\_\_\_  
 Annual Worker's Comp premium: \$ \_\_\_\_\_  
*Please provide a copy of Company's Worker's Compensation Insurance Policy*

**Trucking Only**  
 Authority: ICC-MCC #(s): \_\_\_\_\_ Road Taxes Current? \_\_\_\_\_ (copy of form)  
 Percentage of Revenue: Common Carrier \_\_\_\_% Contract Carrier \_\_\_\_%  
 Percentage of Revenue: Broker \_\_\_\_% Freight Forwarder \_\_\_\_%  
 # of Company Drivers: \_\_\_\_\_ # of owner/operators: \_\_\_\_\_  
 # of owned trailers: \_\_\_\_\_ # of leased trailers: \_\_\_\_\_

**Past/Present Liens on Assets**

- 1. Has this company ever factored or pledged its receivables in the past?  Yes  No
- 2. Are this company's A/R presently factored or pledged to anyone?  Yes  No
- 3. Are there any tax liens, suits/judgments against the company, owners,  
Or CFO/Controller?  Yes  No
- 4. Are there any federal and/or state taxes past due (incl. payroll)?  Yes  No
- 5. Is company now or has it ever been in bankruptcy?  Yes  No
- 6. Does your firm use an outside payroll service?  Yes  No

**Secured Credit References:**

Company Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Fax #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Contact: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Fax #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Contact: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Fax #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Contact: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_

**External Contacts:**

Bank: _____	Law Firm: _____
Contact: _____	Contact: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Phone #: (____) _____	Phone #: (____) _____
Account #: _____	
ABA/Routing #: _____	

Accounting/CPA Firm: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_



# MAGNOLIA FINANCIAL, INC.

## Declaration & Authorization:

The individuals names below, as owners or proposed guarantors of Customer, authorize Magnolia Financial, Inc. to conduct such investigations and inquiries as to the Customer's and individuals' credit, operations and collateral, as shall be deemed necessary or desirable by Magnolia in connection with the credit application and monitoring of the financial relationship, if established. Customer also agrees to advise persons of whom Magnolia may make such inquiry to cooperate with and supply all requested information, unless Magnolia is specifically advised otherwise by Customer.

CUSTOMER AUTHORIZES AND DIRECTS MAGNOLIA FINANCIAL INC. TO PRE-FILE THE FINANCING STATEMENTS THAT MAGNOLIA FINANCIAL DEEMS NECESSARY TO PERFECT A SECURITY INTEREST IN THE PROPERTY OF CUSTOMER THAT IS INTENDED TO SECURE THE CREDIT CONTEMPLATED UNDER THIS APPLICATION, INCLUDING, BUT NOT LIMITED TO, THE INVOICES INTENDED TO BE PURCHASED FROM CUSTOMER BY MAGNOLIA. CUSTOMER WILL REIMBURSE MAGNOLIA FOR ALL ADMINISTRATIVE COSTS AND GOVERNMENTAL FEES RELATED TO SUCH FILINGS.

Company Name: \_\_\_\_\_

Signed by (print) \_\_\_\_\_

Signed by (print) \_\_\_\_\_

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

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

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

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

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

## ECOA Notice

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, familial status, age (provided that the applicant has the capacity to enter into a binding contract): because all or part of the applicant's income is derived from public assistance program; or because the applicant has in good faith exercised any rights under the Consumer Credit Act. The Federal Agency that administers compliance with this law concerning this creditor is: Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

**NOTICE:** If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Credit Disclosure Administrator, Magnolia Financial, Inc., 187 West Broad Street, Spartanburg, SC 29306 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.



# MAGNOLIA FINANCIAL, INC.

## SCHEDULE OF DEBT

*(Please include all loans, capital leases and operating leases)*

Lendor or Lessor	Original Balance	Current Balance	Monthly Payment	Interest Rate
Contact: _____ Lender: _____ Phone: _____ Address: _____ <input type="checkbox"/> Loan <input type="checkbox"/> Line of Credit <input type="checkbox"/> Capital/Finance Lease				
Contact: _____ Lender: _____ Phone: _____ Address: _____ <input type="checkbox"/> Loan <input type="checkbox"/> Line of Credit <input type="checkbox"/> Capital/Finance Lease				
Contact: _____ Lender: _____ Phone: _____ Address: _____ <input type="checkbox"/> Loan <input type="checkbox"/> Line of Credit <input type="checkbox"/> Capital/Finance Lease				
Contact: _____ Lender: _____ Phone: _____ Address: _____ <input type="checkbox"/> Loan <input type="checkbox"/> Line of Credit <input type="checkbox"/> Capital/Finance Lease				



## MAGNOLIA FINANCIAL, INC.

### BILLING QUESTIONNAIRE

1. If you have answered YES to any of the Invoicing or Past/Present/Future Liens on Assets questions on the application please explain.
2. Describe your electronic/imaging and email capabilities.
3. Is your customer base static or do you constantly serve new customers? % of base customers vs. % of new customers?
4. What documents do you use to contractually bind your customers? Contracts, bills of lading, time cards, purchase orders, or other signed documents? Provide a copy of each type.
5. Describe in detail your billing process from invoicing to collection.
6. Do you invoice BEFORE, DURING or AFTER the product/service is delivered?
7. Do you experience returned merchandise/products? Explain (include % of returns)
8. Describe the frequency of credit memos and what % of annual sales revenue they represent.
9. Describe how credit memos are handled (i.e. do they relate to specific invoices?)
10. Do your customers make 'on account' payments or do they reference specific invoice numbers when making payments?