

NEW CLIENT APPLICATION

DATE OF APPLICATION:

HANA FINANCIAL, INC.

COMPANY NAME (COMPLETE LEGAL NAME)			DBA / TRADE NAME		
MAIN / MAILING ADDRESS: FACTORY () SHOWROOM ()			PHONE		FAX
CITY STATE ZIP			CONTACT PERSON, IF OTHER THAN PRINCIPAL (NAME / TITLE)		
SECONDARY ADDRESS: FACTORY () SHOWROOM ()			PHONE		FAX
CITY STATE ZIP			EST. YEAR & STATE	FEDERAL ID NO.	DUNS NUMBER
BUSINESS ENTITY CORP. () PARTNERSHIP () PROPRIETORSHIP () LLC ()				EMERGENCY PHONE NO. OF PRINCIPAL (CELL./ PAGER)	
RELATED COMPANY NAME, IF ANY			PREVIOUS BUSINESS NAME, IF ANY		
PRINCIPAL NAME			DATE OF BIRTH		PLACE OF BIRTH
HOME ADDRESS - STREET CITY STATE ZIP			PHONE		
TITLE	OWNERSHIP (%)	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NO. (STATE)	
	%			()	
RESIDENCE STATUS: U.S. CITIZEN () / PERMANENT RESIDENT () : ALIEN # _____ / OTHER: _____					
ADDITIONAL PRINCIPAL, IF ANY			DATE OF BIRTH		PLACE OF BIRTH
HOME ADDRESS - STREET CITY STATE ZIP			PHONE		
TITLE	OWNERSHIP (%)	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NO. (STATE)	
	%			()	
CORPORATE SECRETARY, IF CORPORATION			DATE OF BIRTH		PLACE OF BIRTH
HOME ADDRESS - STREET CITY STATE ZIP			PHONE		
TITLE	OWNERSHIP (%)	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NO. (STATE)	
	%			()	
BANK NAME FOR BUSINESS			ACCOUNT NO.		BRANCH
BANK ADDRESS - STREET CITY STATE ZIP			PHONE		
BANK LINE OF CREDIT LIMIT	CURRENT BALANCE	EXPIRY/RENEWAL DATE		CONTACT NAME	
BANK NAME FOR PERSONAL			ACCOUNT NO.		CONTACT NAME
BANK ADDRESS - STREET CITY STATE ZIP			PHONE		
CPA FIRM NAME				CPA NAME	
ADDRESS - STREET CITY STATE ZIP			PHONE		

INDUSTRY	APPAREL & TEXTILE () NON-APPAREL ()		
BUSINESS TYPE	IMPORT () MANUFACTURE () DISTRIBUTE () WHOLESALE () SERVICE ()		
PRODUCT TYPE	APPAREL	MENS () WOMENS () JUNIORS () BABY/CHILDREN ()	
		PRODUCT LINE: _____	
	TEXTILE	IMPORT () MANUFACTURE () CONVERT ()	
	YARN	NATURAL () SYNTHETIC ()	
	DYEING SERVICE	YARN () PIECE () GARMENT ()	
	PRINTING	REGULAR () WET ()	
	NON-APPAREL	PRODUCT LINE: _____	
TOTAL RECEIVABLE OUTSTANDING		TERM OF SALES	SLOW MONTH SALES
\$ AS OF			HIGH MONTHS SALES
CURRENT	1-30 DAYS PAST	31-60 DAYS PAST	61+ DAYS PAST
\$	\$	\$	\$
MONTHLY SALES	NUMBER OF INVOICE PER MONTH	NUMBER OF CUSTOMERS	SALES OF TOP 10 CUSTOMERS
\$			% OF TOTAL SALES
AVERAGE INVOICE AMOUNT	AVERAGE DAYS OF A/R PAID	FIRE INSURANCE FOR INVENTORY	FIRE INSURANCE FOR EQUIPMENT
\$		\$	\$
INVENTORY VALUE	WAREHOUSE SIZE	RENT OR OWN ?	MOTHLY RENT / PAYMENT
\$	SQ. FT.	RENT () OWN ()	\$
NUMBER OF EMPLOYEES	DESCRIPTION OF MAIN EQUIPMENT		NUMBER OF EQUIPMENT OWNED
NAME OF FACTOR, IF ANY		CONTRACT EXPIRATION DATE	ACCOUNT EXECUTIVE
MAJOR CUSTOMERS - NAME		ADDRESS - STREET	PHONE
1)			
CONTACT (NAME / TITLE)	CITY	STATE ZIP	CURERNT RECEIVABLE BALANCE
MAJOR SUPPLIERS - NAME		ADDRESS - STREET	PHONE
1)			
CONTACT (NAME / TITLE)	CITY	STATE ZIP	CURERNT PAYABLE BALANCE
MAJOR CUSTOMERS - NAME		ADDRESS - STREET	PHONE
2)			
CONTACT (NAME / TITLE)	CITY	STATE ZIP	CURRENT RECEIVABLE BALANCE
MAJOR SUPPLIERS - NAME		ADDRESS - STREET	PHONE
2)			
CONTACT (NAME / TITLE)	CITY	STATE ZIP	CURRENT PAYABLE BALANCE

Are any Federal and/or State taxes past due? () No () Yes

Has this business or its owner ever been in bankruptcy? () No () Yes

Has principal(s)/owner(s) ever been charged or convicted of any criminal offense? () No () Yes

DECLARATION

The information supplied in this application and all forms and documents submitted to Hana Financial, Inc. in connection herewith is true and correct to the best of my knowledge and belief. I/We hereby authorize Hana Financial, Inc. to investigate my/our financial responsibility and creditworthiness including inquiry into credit agencies. I/We will provide additional information, as Hana Financial, Inc. deems necessary and requests including, but not limited to, financial statement, tax returns, etc.

Signed by: _____ Title: _____ Date: _____