

NORTHWEST FINANCE

Confidential Client Information Sheet

BUSINESS INFORMATION

Legal/Corporate Name: _____	DBA: _____		
Physical Address: _____	City: _____	State: _____	Zip: _____
Telephone #: _____	Fax #: _____	Federal Tax ID: _____	
Date Business Started: _____	Length of Ownership: _____	Website: _____	
Type of Entity (check one): Sole Proprietorship Partnership Corporation LLC Other	Email Address: _____		
Type of Business (check all that apply): Retail Manufacturing Wholesale Restaurant Construction Other	Product/Service Sold: _____		

MERCHANT- BUSINESS /OWNER INFORMATION

Corporate Officer/Owner Name: _____	Title: _____	Ownership %: _____	
Home Address: _____	City: _____	State: _____	Zip: _____
SSN: _____	Date of Birth: _____	Home #: _____	Cell #: _____

PARTNER INFORMATION

Partner Name: _____	Title: _____	Ownership %: _____	
Home Address: _____	City: _____	State: _____	Zip: _____
SSN: _____	Date of Birth: _____	Home #: _____	Cell #: _____

BUSINESS PROPERTY INFORMATION

Business Landlord or Mortgage Bank: _____	Contact Name and/or Account #: _____	Phone #: _____	Monthly Rent: _____
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BUSINESS TRADE REFERENCES (Please list at least 3 trade suppliers. Please attach any additional references on a separate page.)

Business Name: _____	Contact Name and/or Account #: _____	Phone #: _____
Business Name: _____	Contact Name and/or Account #: _____	Phone #: _____
Business Name: _____	Contact Name and/or Account #: _____	Phone #: _____

Applicant authorizes NW Finance Inc. and its assigns, agents, banks or financial institutions to obtain an investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant.

Applicant's Signature

Date

Applicant's Signature

Date

Once Completed please email this form back to us and have ready if needed, your last three months of bank and card processing statements. 612-615-8196 Email: info@businessinvoicefinancing.com