



# FIRST VANCOUVER

3851 Shell Road, Ste. #130  
Richmond, BC V6X 2W2  
Call: 604-273-7866  
Fax: 604-273-9208  
Toll Free: 800-663-0721

## APPLICATION TO ENTER INTO AN ACCOUNTS RECEIVABLE PROGRAM WITH FIRST VANCOUVER FINANCE AND AFFILIATES

BUSINESS NAME \_\_\_\_\_ ESTABLISHED \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CITY, PROVINCE, POSTAL CODE \_\_\_\_\_ FAX \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

CORPORATION    PARTNERSHIP    INDIVIDUAL    If a corporation, in what Province was it incorporated? \_\_\_\_\_

A copy of the Articles of Incorporation is hereby provided? Yes \_\_\_\_\_ No \_\_\_\_\_

If using a dba, in what Province was the Trade Name Statement filed? \_\_\_\_\_

PLACE OF BUSINESS \_\_\_\_\_

ADDITIONAL LOCATIONS: \_\_\_\_\_

HOW DID YOU FIND US? \_\_\_\_\_

PREVIOUS BUSINESS NAMES USED WITHIN THE PAST FIVE (5) YEARS: \_\_\_\_\_

### OWNER OR OFFICERS: RESIDENCE:

Name \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_ Telephone \_\_\_\_\_

Street Address \_\_\_\_\_ Suite # \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

D/L# \_\_\_\_\_ Province of D/L \_\_\_\_\_ Soc. Ins # \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_ Telephone \_\_\_\_\_

Street Address \_\_\_\_\_ Suite # \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

D/L# \_\_\_\_\_ Province of D/L \_\_\_\_\_ Soc. Ins # \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_ Telephone \_\_\_\_\_

Street Address \_\_\_\_\_ Suite # \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

D/L# \_\_\_\_\_ Province of D/L \_\_\_\_\_ Soc. Ins # \_\_\_\_\_ DOB \_\_\_\_\_

Receivables - Open \$ \_\_\_\_\_ Factored Before \_\_\_\_\_ With Whom \_\_\_\_\_

Fire Insurance: Inventory \$ \_\_\_\_\_ Fix. & Equip. \$ \_\_\_\_\_ Bldg. \$ \_\_\_\_\_

Approx. No. of Accounts \_\_\_\_\_ Terms of Sale \_\_\_\_\_ F.O B. \_\_\_\_\_

Average Mo. Sales Volume \$ \_\_\_\_\_ Average Mo. No. Invoices \_\_\_\_\_ % REPEAT \_\_\_\_\_

Average Invoice Amount \$ \_\_\_\_\_ Average Days A/R Turnover \_\_\_\_\_

High Credit for Individual Accounts \$ \_\_\_\_\_

**BANK ACCOUNT FOR BUSINESS**

Bank Name \_\_\_\_\_ Telephone \_\_\_\_\_

Account # \_\_\_\_\_ Contact \_\_\_\_\_

**BANK ACCOUNT FOR PERSONAL, PRIMARY OWNER/OFFICER**

Bank Name \_\_\_\_\_ Telephone \_\_\_\_\_

Account # Checking \_\_\_\_\_ Account # Savings \_\_\_\_\_ Contact \_\_\_\_\_

**NAME OF SOLICITOR** \_\_\_\_\_ Telephone \_\_\_\_\_

**NAME OF ACCOUNTANT** \_\_\_\_\_ Telephone \_\_\_\_\_

Regular Fin. Statements Prepared? \_\_\_\_\_ How Often? \_\_\_\_\_ Prep. Last? \_\_\_\_\_

Copy of Financial Statements is hereby provided (essential): Yes \_\_\_\_\_ No \_\_\_\_\_ Do any customers buy from you on a "Contra" account basis? Yes \_\_\_\_\_ No \_\_\_\_\_

Federal Tax # \_\_\_\_\_ Provincial Tax # \_\_\_\_\_

Are any taxes past due? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please fill out below)

Federal \$ \_\_\_\_\_

Provincial \$ \_\_\_\_\_

**PRINCIPAL SUPPLIERS:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Contact Name \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Contact Name \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Contact Name \_\_\_\_\_

Are any Assets now assigned, pledged, liened as collateral for loans? \_\_\_\_\_

ACCOUNTS RECEIVABLE Yes \_\_\_\_\_ No \_\_\_\_\_ To Whom \_\_\_\_\_ Address \_\_\_\_\_

City, Prov., Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

INVENTORY Yes \_\_\_\_\_ No \_\_\_\_\_ To Whom \_\_\_\_\_ Address \_\_\_\_\_

City, Prov., Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

EQUIPMENT Yes \_\_\_\_\_ No \_\_\_\_\_ To Whom \_\_\_\_\_ Address \_\_\_\_\_

City, Prov., Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

FIXTURES Yes \_\_\_\_\_ No \_\_\_\_\_ To Whom \_\_\_\_\_ Address \_\_\_\_\_

City, Prov., Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

OTHERS Yes \_\_\_\_\_ No \_\_\_\_\_ To Whom \_\_\_\_\_ Address \_\_\_\_\_

City, Prov., Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

By executing this application, the undersigned certifies the following: that the information set forth in this application and in the documents, schedules, reports, statements, and/or other information provided to First Vancouver Finance & Affiliates with or pursuant to this application are full, true, correct and complete and accurately reflect such information on the date thereof; that First Vancouver Finance & Affiliates is authorized to request, receive and verify credit reports and other financial information regarding applicant and its business that First Vancouver Finance & Affiliates deems necessary or appropriate; that First Vancouver Finance & Affiliates is authorized to inquire of, investigate, confirm, and verify any information contained in this application, in any documents, schedules, reports, statements and/or other information provided under or pursuant to this application, or learned by First Vancouver Finance & Affiliates as part of its investigation and review of this application, applicant, or applicant's business.

Dated \_\_\_\_\_, 20\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Dated \_\_\_\_\_, 20\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Dated \_\_\_\_\_, 20\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

INFORMATION NEEDED BY FIRST VANCOUVER TO DETERMINE FEASIBILITY FOR ENTERING INTO ACCOUNTS RECEIVABLE PROGRAM.

1. Application
2. Financial Statements (previous two years)
  - a. Business
  - b. Personal
3. Federal Tax Returns (previous two years)
  - a. Business
  - b. Personal
4. Copy of DBA Filing and/or copy of Articles of Incorporation
5. Accounts Payable Aging
6. Accounts Receivable Aging
7. Customer list with name, address, postal code and telephone numbers
8. One copy of completed invoice and supporting back up
9. Copy of company's most recent tax assessments and proofs of payment for employee tax deductions and GST and PST for the last three months

ADDITIONAL INFORMATION FOR TRUCKING FIRMS

1. Copy of Provincial Trucking Authority and of U.S. – I.C.C. Authority where applicable
2. Proof of Insurance (Copy of Operating Insurance Certificate)

In order to quickly determine if we can be of service to your firm, we need all of the information requested above, as well as the completed application. If any information requested is not available, please attach a written explanation. All information will be held in strictest confidence.

WHO REFERRED YOU TO US?

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

Banker      Accountant      Attorney      Gov. Agency      Client      Consultant      Other \_\_\_\_\_

IF NOT REFERRED; SOURCE:      Yellow Pages      Classifieds      Direct Mail      Telemarketing      Canvassing

Display Ad      Trade Show      Other \_\_\_\_\_



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