

Kaplan Financial Application Form

Fields marked with an asterisk(*) are required.

PRINCIPAL'S NAME*	
Company Name *	
Street Address *	
City *	
State / Province *	
ZIP/Postal Code *	
Telephone *	
Cell Phone	
Fax	
E-mail *	
Type of Business* (check one)	<input type="checkbox"/> Start-up <input type="checkbox"/> Existing Business
Type of Business* (check one)	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Years in Business*	
Industry *	
Amount of Financing Requested *	\$
Purpose of Financing *	
If Other was selected, please specify	
Briefly Describe the Purpose of Financing *	
Personal Guarantees Available * (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit History of Owner * (check one)	<input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor
Credit History of Company * (check one)	<input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor
If this is a business purchase, please fill out the following:	
- Purchase Price	\$
- Cash Invested by Buyer	\$
- Total Business Assets	\$
- Total Liabilities	\$
- Total Business Net Worth	\$
How did you hear about this application? *	