



FINANCING GROWTH

HMS Acquisitions, LLC

PRE-VET Application

GENERAL BUSINESS INFORMATION							
Legal Name of Business/Corp:				Trade Name (DBA):			
Business Description /Products:				Brand names/Trademarks:			
Primary Business Address:							
Other Business Names and Locations:				Fed Tax ID #			
Telephone:		Fax:		Cell:		Email:	
Year business started trading:			Website Address:				
Amount of funding required \$			Number of Employees:		What type of funding is required? ☐ PO ☐ AR ☐ OTHER		
CUSTOMER INFORMATION							
What credit terms do you offer? ☐ 60 OR LESS ☐ 60-90 DAYS ☐ OVER 90				Consignment or guaranteed sale terms: ☐ Yes ☐ No			
Write off % last 12 months:				Sales outside of USA or Canada:			
Number of business-to-business customers:				Customers representing more than 20% of sales:			
ADDITIONAL INFORMATION							
Country(ies) your suppliers situated:							
Suppliers' terms of sale:		Deposits required: ☐ Yes ☐ No		Product is a finished good: ☐ Yes ☐ No			
Days from the date your supplier ships to the date the customer receives the product:				Shipping information: ☐ Drop-shipped to customer ☐ 3PL ☐ Warehouse owned/rented by you			
Is the product inspected? ☐ Yes ☐ No		If yes, where and by whom?					
Current funders to business, amount, and collateral:							
Is your property: ☐ Owned ☐ Rented							
BACKGROUND INFORMATION (Please explain any "Yes" answers)							
Has this company or any associated companies linked by shareholders been involved in any litigation or bankruptcy now or historically				☐ Yes, Explain:			
Has any Owner, Officer, or Principal Manager of the Company ever been convicted of a felony?				☐ Yes, Explain:			
Are any Federal or State taxes, including Payroll Taxes, delinquent?				☐ Yes, Explain:			
Do you use a payroll service such as ADP, Paychex or your bank?				☐ Yes, Explain:			
Do you have any ownership in other companies? Has the Company ever operated under a different name?				☐ Yes, Explain:			
OWNER/OFFICER INFORMATION							
Full Name	Title	% Owned	Home Address	Phone	SSN	D.o.B	
AUTHORIZATION TO RELEASE INFORMATION							
The undersigned submits this APPLICATION to provide information necessary and to be relied upon in assessing the potential of a commercial financing relationship, and states all information contained herein is true and accurate. The undersigned authorizes HMS Acquisitions, LLC and any affiliate, agent or third party to investigate all information provided herein and any additional documentation supplied to you and are hereby authorized to check the credit and financial background of the company and the owners and officers. A photocopy, including fax copy, may be accepted as an original.							
Signature			Print Name		Title		Date
Signature			Print Name		Title		Date