



1-866-988-6868  
 Direct: 1-619-482-6868  
 Fax: 1-619-482-4882

**PURCHASE ORDER  
 FINANCE APPLICATION**

**MERIDIAN  
 P O F I N A N C E**

**I. General Business Information(Dealer):** **Date:**

Legal Name:			FEIN#		Referral Code:	
Organizational Status: LLC <input type="checkbox"/> Corp <input type="checkbox"/> LP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/>			Organizational ID #:		Date of formation:	
Physical Address:			City:		State:	ZIP:
Mailing Address:			City:		State:	ZIP:
Business Phone Number:			Business Fax Number:			
Contact Name:		Title:	Email:		Website:	
Date Business Started:		Length of ownership:	# of owners:	# of employees:	Business type:	
Business Description: Distribution <input type="checkbox"/> Manufacturing <input type="checkbox"/> Assembly <input type="checkbox"/>			Business property: Own <input type="checkbox"/> Rent <input type="checkbox"/>			
Business profitable last 12 months: : Yes <input type="checkbox"/> No <input type="checkbox"/>			Liens: Yes <input type="checkbox"/> No <input type="checkbox"/>		Judgments: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bankruptcy: Yes <input type="checkbox"/> No <input type="checkbox"/>			Are you associated with any other business: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Receivables generated from sale of: Goods <input type="checkbox"/> Services <input type="checkbox"/> Both <input type="checkbox"/>			Annual business revenue all forms of receivables:\$			
Has company utilized "PO Financing" before: Yes <input type="checkbox"/> No <input type="checkbox"/>			Has company utilized "Invoice Financing" before: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you current with your Personal, State, & Federal Taxes: Yes <input type="checkbox"/> No <input type="checkbox"/>			Are there any UCC Filings Against the Business Assets: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Professional license: Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you accept credit/debit cards: Yes <input type="checkbox"/> No <input type="checkbox"/>		Dun's #:		Cage #:

**II. Owner(s)/Principal(s)Information:**

Owners/Principals: Please provide a minimum of 51% Ownership and all principals associated with the business. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each business entity that opens an account. When you open an account, we will ask for Federal Tax Identification Number, physical street address of your business, full legal name of your business and other information, including information regarding associate principals that will allow us to identify your company.

Name:		Marital Status:	Title:		Ownership %:		Date of Birth:	
Home Address:			Own <input type="checkbox"/> Rent <input type="checkbox"/>	City:		State:	Zip:	How Long:
Home Phone:		Cell Phone:		SSN:		State/DL #:		Bankruptcy: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:		Marital Status:	Title:		Ownership %:		Date of Birth:	
Home Address:			Own <input type="checkbox"/> Rent <input type="checkbox"/>	City:		State:	Zip:	How Long:
Home Phone:		Cell Phone:		SSN:		State/DL #:		Bankruptcy: Yes <input type="checkbox"/> No <input type="checkbox"/>

**III. Business Property Information:**

Own <input type="checkbox"/> Rent <input type="checkbox"/>	How long:	Expiration of Lease:	Square Footage:		Monthly Rent/Mortgage: \$	
Is the mortgage/ lease payment current: Yes <input type="checkbox"/> No <input type="checkbox"/>			If NO, how many Months behind:			
Landlord / Mortgage Company:			Contact:		Phone:	Fax:

**IV. Customer Profile: (Company's five largest customers for which you need PO finance)**

<b>Company:</b>		Contact:		Phone:		Email Address:	
Street Address:				City:		State:	Zip:
Amount of Purchase Order:\$		Recurring contract: Yes <input type="checkbox"/> No <input type="checkbox"/>		Website URL:		Duns#:	
<b>Company:</b>		Contact:		Phone:		Email Address:	
Street Address:				City:		State:	Zip:
Amount of Purchase Order:\$		Recurring contract: Yes <input type="checkbox"/> No <input type="checkbox"/>		Website URL:		Duns#:	
<b>Company:</b>		Contact:		Phone:		Email Address:	



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Street Address:		City:	State:	Zip:
Amount of Purchase Order:\$	Recurring contract: Yes <input type="checkbox"/> No <input type="checkbox"/>	Website URL:		Duns#:
<b>Company:</b>		Contact:	Phone:	Email Address:
Street Address:		City:	State:	Zip:
Amount of Purchase Order:\$	Recurring contract: Yes <input type="checkbox"/> No <input type="checkbox"/>	Website URL:		Duns#:
<b>Company:</b>		Contact:	Phone:	Email Address:
Street Address:		City:	State:	Zip:
Amount of Purchase Order:\$	Recurring contract: Yes <input type="checkbox"/> No <input type="checkbox"/>	Website URL:		Duns#:

**V. Supplier Profile: (Company's three largest suppliers)**

<b>Supplier:</b>		Contact:	Phone:	Email Address:
Street Address:		City:	State:	Zip:
Payment terms:	Current Balance:\$	Average past purchase amount:\$	Supplier Since:	Duns#:
<b>Supplier:</b>		Contact:	Phone:	Email Address:
Street Address:		City:	State:	Zip:
Payment terms:	Current Balance:\$	Average past purchase amount:\$	Supplier Since:	Duns#:
<b>Supplier:</b>		Contact:	Phone:	Email Address:
Street Address:		City:	State:	Zip:
Payment terms:	Current Balance:\$	Average past purchase amount:\$	Supplier Since:	Duns#:

**VI. Current PO Financing Opportunity Details:**

Day	1	Dealer receives Purchase Order from Customer:
Day		Dealer sends Purchase Order to Supplier:
Day		Meridian provides payment to Supplier:
Day		Suppliers Delivery Date to Dealer:
Day		Supplies received at premises: Dealer premises: <input type="checkbox"/> Shipped direct to Customer: <input type="checkbox"/> Premises of Other's: <input type="checkbox"/> Explain:
Day		Processing of goods into finish product and distribution: None <input type="checkbox"/> Assembly <input type="checkbox"/> Repack <input type="checkbox"/> Labels <input type="checkbox"/> Other <input type="checkbox"/> Explain:
Day		Shipment of "Subject Goods" to Customer:
Day		Customer receives "Subject Goods":
Day		Invoice to Customer:
Day		Customer payment date:
Day		Total days to complete transaction:

**VII. Agent / Forwarder Details:**

Custom Agent Name:	Contact:	Email:	Phone:
Freight Company:	Contact:	Email:	Phone:
Delivery require special handling: Yes <input type="checkbox"/> No <input type="checkbox"/>	Load insurance provided: Yes <input type="checkbox"/> No <input type="checkbox"/>	Shipped Internationally: Yes <input type="checkbox"/> No <input type="checkbox"/>	

**VIII. Current PO Opportunity Margins:**



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\$	Sales (amount charged your customer):
\$	"Subject Goods" cost from Supplier:
\$	Duty/ Freight:
\$	Assembly / production Cost:
\$	Warehousing Cost:
\$	Total Cost of Goods Sold:
\$	Gross Profit Margin: (Sales- Cost of Goods= Gross Profit Margin)

**IX. Current PO Opportunity Customer Information:**

<b>Company:</b>		Contact:	Phone:	Email Address:
Street Address:		City:	State:	Zip
Amount of Purchase Order:\$	Recurring contract: Yes <input type="checkbox"/> No <input type="checkbox"/>	Website URL:		Duns#:
Date " Financing Required":	P.O. #	Customer: Governmental: <input type="checkbox"/> Commercial <input type="checkbox"/>	Number of sales last 12 months:	

**X. Current PO Opportunity Supplier Information:**

<b>Supplier:</b>		Contact:	Phone:	Email Address:
Street Address:		City:	State:	Zip:
Amount of Purchase Order:\$	P.O. #:	Duns#:	Website:	
Supplier: New <input type="checkbox"/> Existing <input type="checkbox"/>	Rate supplier on delivery performance: below average <input type="checkbox"/> average <input type="checkbox"/> exceeds expectations <input type="checkbox"/>			

**XI. Authorization to Release Information:**

The information supplied in this Confidential Financing Application, Company Profile form, and all forms and documents submitted (collectively the "Application") to Meridian PO Finance, LLC., its subsidiaries or its assignee (collectively "Funder") in connection herewith is true and correct to the best of my/ our knowledge and belief. I/ we hereby authorize Funder to investigate my/ our financial responsibility and credit worthiness and will provide financial statements, tax returns, or other materials or information as requested by Funder and to verify any information provided from any source Funder may choose. I/ we grant Funder the right to procure any and all credit or other investigative reports to any party to this application. I/ we grant Funder the right to release any of the information contained herein or any results from any investigations of the information contained herein to any third party that may become part of any financing transaction between applicants and Funder or to whom Funder may refer this application to for funding. I/ we further grant to any source from which Funder has requested information about application(s), the authorization to release information to Funder. Applicant acknowledges that Funder will rely on the information provided herein to make credit decisions regarding Applicant. This Application has been completed and signed under penalty of perjury. A photocopy, including a fax copy, of this authorization may be accepted as an original.

_____ Signature	_____ Title	_____ Print Name	_____ Date
_____ Signature	_____ Title	_____ Print Name	_____ Date

**PRIVACY GUARANTEE** NO personal or business information will ever be sold or shared with unauthorized third parties.