



COMPLETE PACKAGING SOLUTIONS

35 Engel Street, Hicksville, NY 11801 | T: (888) 833-7086 | Fx: (888) 897-7994

TERM REQUEST SHEET

APPLICANT COMPANY

Company Name _____
 DBA (if applicable) _____
 Telephone _____
 Fax _____
 Address _____
 City, State, Zip _____
 Email Address _____
 Year Established _____
 Tax ID# _____
 State of Incorporation / Organization _____
 State Organization Number _____

Type of Applicant Company:

- S- Corporation C-Corporation Sole Proprietor
 Gen. Partnership Limited Liability Corporation
 Limited Partnership or Limited Liability Partnership

of Employees:

Existing _____
 After this Financing _____
 Affiliates _____

OWNERSHIP OF APPLICANT COMPANY

List below all owners, partners, LLC members, and stockholders totaling 100% of ownership:

Name _____
 Title _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Email Address _____
 % Ownership _____
 Revenues _____
 Recent date of acquisition of any ownership _____
 Name _____

TRADE REFERENCE

Name _____
 Title _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Email Address _____

CREDIT REFERENCE

Name _____
 Title _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Email Address _____

COMPANY OFFICERS

President _____
 Vice President _____
 Secretary _____
 Treasurer _____

BACKGROUND AND HISTORY OF COMPANY/BUSINESS

NATURE OF BUSINESS, TYPES OF PRODUCTS/SERVICES

LIST KEY CUSTOMERS

LIST MAJOR COMPETITORS

FOR OFFICE APPROVAL ONLY

Amount: _____ Interest: _____ Term: _____

Date: _____ Authorized by: _____ Signature: _____