

AmegyBank[®]

Business Credit

12130 Hempstead Road, Houston, Texas 77092
Telephone: (713) 235-8800 Fax: (713) 232-2542

DISCOUNT LINE APPLICATION

COMPANY INFORMATION

Exact legal name of business _____					
Trade Names (Assumed Names) within last 5 years _____					
Main Office Address _____					
	Street	City	County	State	Zip
Physical Address _____					
Business Telephone (____) _____ Fax Telephone (____) _____					
Check One: 1. Corporation <input type="checkbox"/> (Year ____ State ____ Tax ID _____ Charter _____) 2. Proprietorship <input type="checkbox"/> 3. Partnership					
Primary Business Activity _____					
Names of Related Entities, Subsidiaries, etc. _____					
Has any Principal Owner of the Company ever filed bankruptcy? YES <input type="checkbox"/> NO <input type="checkbox"/>					
If Yes, Please explain. _____					
Are there any current Liens or Judgments against this Company? YES <input type="checkbox"/> NO <input type="checkbox"/>					
If yes, please provide details. _____					
Is there any proposed litigation, filings, negotiations, etc. relating to the Company? YES <input type="checkbox"/> NO <input type="checkbox"/>					
If yes, please provide details _____					
Do you have any Federal or State payroll, income or other taxes past due ? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Do you currently utilize a fellow Zions affiliate lockbox YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, lockbox address: _____					
<u>Fellow Zions affiliates include Zions Bank, Amegy Bank, California Bank & Trust, Vectra Bank of Colorado, Nevada State Bank, National Bank of Arizona, The Commerce Bank of Washington</u>					
Do you currently utilize any other fellow Zions subsidiary services? YES <input type="checkbox"/> NO <input type="checkbox"/>					
If yes, please describe: _____					
Accountant _____ (____) _____					
	Name	Address		Telephone	
Attorney _____ (____) _____					
	Name	Address		Telephone	

OWNERS & GUARANTORS – all information is required

Please list all OWNERS & GUARANTORS for the Company. Each of the undersigned designated as an Owner or Guarantor understands that Amegy Bank Business Credit, a division of ZB, N.A. will conduct a criminal background check and credit report on each individual, and each of the undersigned hereby authorizes Amegy Bank Business Credit or any company retained thereby for this purpose, to access such records as necessary to conduct a criminal background check and credit report. Each of the undersigned hereby releases from liability any entity supplying such information, and indemnifies Amegy Bank Business Credit and any company retained thereby for this purpose, from any damages resulting from making requests for such information. Each of the undersigned further understands that although this information will be obtained on individuals, any subsequent report obtained is not a "consumer report", and the Company applicant under this Discount Line Application is not a "consumer", for purposes of the Fair Credit Reporting Act, 15 U.S.C. Section 1681a. Regardless, the undersigned each understand that in connection with this Discount Line Application, a report, regarding the credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, may be obtained with respect to the undersigned Principals/Guarantors, from a consumer and/or commercial reporting agency.

A. Full Name _____ () _____
First Middle Last Telephone

Home Address _____ D.L.# _____
Street City County State Zip

Title _____ Ownership % _____ Date of Birth ____/____/____ Social Security # _____

Have you ever had any judgments, repossessions, garnishments, foreclosures or criminal legal proceedings filed against you? Yes No

Signature _____

B. Full Name _____ () _____
First Middle Last Telephone

Home Address _____ D.L.# _____
Street City County State Zip

Title _____ Ownership % _____ Date of Birth ____/____/____ Social Security # _____

Have you ever had any judgments, repossessions, garnishments, foreclosures or criminal legal proceedings filed against you? Yes No

Signature _____

C. Full Name _____ () _____
First Middle Last Telephone

Home Address _____ D.L.# _____
Street City County State Zip

Title _____ Ownership % _____ Date of Birth ____/____/____ Social Security # _____

Have you ever had any judgments, repossessions, garnishments, foreclosures or criminal legal proceedings filed against you? Yes No

Signature _____

D. Full Name _____ () _____
First Middle Last Telephone

Home Address _____ D.L.# _____
Street City County State Zip

Title _____ Ownership % _____ Date of Birth ____/____/____ Social Security # _____

Have you ever had any judgments, repossessions, garnishments, foreclosures or criminal legal proceedings filed against you? Yes No

Signature _____

PRINCIPALS & OFFICERS (Non-Guarantors) - Please include Company Officers and/or Corporate Officers, Corporate Members or Managers for member or manager managed corporations.

All information is required

Please list PRINCIPALS & COMPANY/CORPORATE OFFICERS (this is inclusive of any Corporate Members or Managers to include any & all percent of ownership in the Company.

A. Full Name _____ () _____
First Middle Last Telephone

Home Address _____ D.L.# _____
Street City County State Zip

Title _____ Ownership % _____ Date of Birth ____/____/____

B. Full Name _____ () _____
First Middle Last Telephone

Home Address _____ D.L.# _____
Street City County State Zip

Title _____ Ownership % _____ Date of Birth ____/____/____

C. Full Name _____ () _____
First Middle Last Telephone

Home Address _____ D.L.# _____
Street City County State Zip

Title _____ Ownership % _____ Date of Birth ____/____/____

D. Full Name _____ () _____
First Middle Last Telephone

Home Address _____ D.L.# _____
Street City County State Zip

Title _____ Ownership % _____ Date of Birth ____/____/____

E. Full Name _____ () _____
First Middle Last Telephone

Home Address _____ D.L.# _____
Street City County State Zip

Title _____ Ownership % _____ Date of Birth ____/____/____

F. Full Name _____ () _____
First Middle Last Telephone

Home Address _____ D.L.# _____
Street City County State Zip

Title _____ Ownership % _____ Date of Birth ____/____/____

BANKING INFORMATION

Company Bank Name _____ how long with bank ? _____
 Address _____
 Street City County State Zip
 Account # _____ Officer's Name _____ Telephone _____
 Type of Loan _____ Amount Outstanding \$ _____ Collateral _____
 Owner's Bank Name _____ how long with bank ? _____
 Address _____
 Street City County State Zip
 Account # _____ Officer's Name _____ Telephone _____

OTHER SECURED CREDITORS

CREDITOR	AMOUNT OWED	COLLATERAL
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

ACCOUNTS RECEIVABLE INFORMATION

Total receivables outstanding \$ _____ 1-30 days \$ _____ 31-60 days \$ _____ over 60 days \$ _____
 Total billings last 30 days \$ _____ Last 12 months \$ _____
 Number of Accounts _____ Average invoice amount \$ _____ Terms of Sale _____
 Has Company ever factored or pledged its receivables ? NO YES If Yes, to whom ? _____
 Are Company's receivables presently factored or pledged ? NO YES If Yes, to whom ? _____
 Are any other Company assets assigned, pledged, collateralized or subject to liens ? NO YES If Yes, to whom ? _____
 Is any of Company's accounts receivable from any subsidiary, affiliate or parent company in whole or part ? NO YES
 If yes, please explain. _____

SUPPLIER INFORMATION

Please list principal suppliers

Company name _____ Contact name _____
 Address _____ Telephone (_____) _____
 Street City State Zip
 Company name _____ Contact name _____
 Address _____ Telephone (_____) _____
 Street City State Zip
 Company name _____ Contact name _____
 Address _____ Telephone (_____) _____
 Street City State Zip

CUSTOMER INFORMATION

Please list top 10 customers with largest volume customers first.

COMPLETE LEGAL NAME	STREET ADDRESS/P.O. BOX CITY STATE, ZIP	TELEPHONE	CONTACT	AVERAGE MONTHLY BILLINGS

OPERATING FACILITY INFORMATION

Operating facility is : Owned _____ Leased _____ Length of lease _____ Time remaining _____

Name of Landlord _____

Name of Management Company _____ Telephone (_____) _____

Address _____
 Street City State Zip

Important Information about Procedures for Opening a New Account:

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 person who opens an account. This process is referred to as "know your customer" (KYC). KYC requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This process is referred to as "know your customer" (KYC).

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

(1) A senior military, governmental, or political official in a non-U.S. country, or (2) closely associated with an immediate family member of such an official? Yes No

If yes, identify the name of the official, office held, and country:

DECLARATION

The above statements are true and accurate to the best of my knowledge and belief as an officer of the company. I understand that the foregoing information will be relied upon by AMEGY BANK BUSINESS CREDIT, a division of ZB, N.A. My signature below may be relied upon by any concerned party as permission to share freely any information helpful to the bank for its purposes. I understand that in connection with this Discount Line Application, a report, regarding the credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, may be obtained with respect to the undersigned Company and above-referenced Principals/Guarantors, from a consumer and/or commercial reporting agency. To assist us with ensuring our lien priority and due diligence, you hereby authorize us to record a UCC-1 Financing Statement in the appropriate state(s), covering all assets, while this application is pending. If the factoring facility is not approved, the lien(s) will be promptly released.

Company Name: _____

By : _____ Name : _____

Officer Title : _____ Date : _____

Please be prepared to submit copies of these reports:

- Corporate Financial Statements for last year end and including most recent interim statement
- Accounts Receivable Aging and Payable Aging
- Articles of Incorporation/Formation
- Tax Return – Last two yearends
- Detail Customer List-addresses w/ telephone numbers
- Samples of typical invoice with delivery /shipping document showing acceptance by customer
- Executed 8821 form (form will be provided)
- Personal Financials on all Guarantor's (form will be provided)
- Copy of Principal's and Guarantor's driver's license