



Asiana Capital, Inc.

# New Client Application

1055 Wilshire Blvd., Suite 1940, Los Angeles, CA 90017

Tel: 213-484-8000 Fax: 213-484-8260

COMPANY INFORMATION			
COMPANY NAME (COMPLETE LEGAL NAME)		DBA/TRADE NAME	
MAIN OFFICE ADDRESS: ( ) FACTORY ( ) SHOWROOM		CONTACT PERSON	
CITY	STATE	ZIP	PHONE FAX
SECONDARY ADDRESS: ( ) FACTORY ( ) SHOWROOM		E-MAIL ADDRESS	
CITY	STATE	ZIP	PHONE FAX
EMERGENCY PHONE NO. OF PRINCIPAL (CELL)	FEDERAL TAX ID NO.	DUN NUMBER	EST. YEAR & STATE
BUSINESS ENTITY	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> LLC <input type="checkbox"/> LLP
RELATED COMPANY NAME, IF ANY		PREVIOUS BUSINESS NAME, IF ANY	

PRINCIPAL INFORMATION			
PRINCIPAL NAME		DATE OF BIRTH	PLACE OF BIRTH
HOME ADDRESS - STREET		CITY	STATE ZIP PHONE NO.
TITLE	OWNERSHIP (%)	SOCIAL SECURITY NO.	DRIVER'S LICENSE NO. (STATE) ( )
PRINCIPAL NAME		DATE OF BIRTH	PLACE OF BIRTH
HOME ADDRESS - STREET		CITY	STATE ZIP PHONE NO.
TITLE	OWNERSHIP (%)	SOCIAL SECURITY NO.	DRIVER'S LICENSE NO. (STATE) ( )
PRINCIPAL NAME		DATE OF BIRTH	PLACE OF BIRTH
HOME ADDRESS - STREET		CITY	STATE ZIP PHONE NO.
TITLE	OWNERSHIP (%)	SOCIAL SECURITY NO.	DRIVER'S LICENSE NO. (STATE) ( )

INDUSTRY	<input type="checkbox"/> APPAREL & TEXTILE	<input type="checkbox"/> NON-APPAREL
BUSINESS TYPE	<input type="checkbox"/> IMPORT	<input type="checkbox"/> MANUFACTURE <input type="checkbox"/> DISTRIBUTE <input type="checkbox"/> WHOLESALE <input type="checkbox"/> SERVICE
PRODUCTS (APPAREL)	APPAREL	<input type="checkbox"/> MENS <input type="checkbox"/> WOMENS <input type="checkbox"/> JUNIOR <input type="checkbox"/> KIDS
	TYPE OF PRODUCTS	<input type="checkbox"/> DRESS <input type="checkbox"/> TOP <input type="checkbox"/> SET <input type="checkbox"/> T-SHIRT <input type="checkbox"/> JEAN <input type="checkbox"/> BIG & TALL
	YARN	<input type="checkbox"/> NATURAL <input type="checkbox"/> SYNTHETIC
	FABRICS	<input type="checkbox"/> IMPORT <input type="checkbox"/> KNITTING
	DYEING/PRINTING	<input type="checkbox"/> YARN <input type="checkbox"/> PIECE <input type="checkbox"/> GARMENT
	OTHER	PRODUCT LINE: _____

TOTAL RECEIVABLE OUTSTANDING	TERM OF SALES	SLOW MONTH SALES	HIGH MONTH SALES
\$ AS OF			
CURRENT	1-30 DAYS PAST	31-60 DAYS PAST	61+ DAYS PAST
\$	\$	\$	\$
MONTHLY SALES	NO. OF INVOICES PER MONTH	NO. OF CUSTOMERS	SALES OF TOP 10 CUSTOMERS
\$			% OF TOTAL SALES
AVERAGE INVOICE AMOUNT	AVERAGE DAYS OF A/R PAID	FIRE INS. FOR INVENTORY	FIRE INS. FOR EQUIPMENT
\$		\$	\$
INVENTORY VALUE	WAREHOUSE SIZE	RENT OR OWN?	MONTHLY RENT/PAYMENT
\$	SQ. FT.	RENT ( ) OWN ( )	\$
NO. OF EMPLOYEES	DESCRIPTION OF MAIN EQUIPMENT		NO. OF EQUIPMENT OWNED

NAME OF FACTOR, IF ANY	CONTRACT EXPIRATION DATE	ACCOUNT EXECUTIVE
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### BANK & LOAN INFORMATION

BANK NAME FOR BUSINESS	ACCOUNT NO.	BRANCH
BANK ADDRESS - STREET	CITY	ST ZIP
PHONE		
BANK LINE OF CREDIT LIMIT	CURRENT BALANCE	EXPIRY/RENEWAL DATE
		CONTACT NAME

### CPA

CPA FIRM NAME	CPA NAME
ADDRESS - STREET	CITY
	ST ZIP
	PHONE

### TRADE INFORMATION

SUPPLIER NAME	PHONE	CONTACT PERSON
ADDRESS	CITY	ST ZIP
		TERM
SUPPLIER NAME	PHONE	CONTACT PERSON
ADDRESS	CITY	ST ZIP
		TERM
SUPPLIER NAME	PHONE	CONTACT PERSON
ADDRESS	CITY	ST ZIP
		TERM

Are any Federal and/or State taxes past due?  NO  YES

Has this business or its owner ever been in bankruptcy?  NO  YES

Has principal(s)/owner(s) ever been charged or convicted of any criminal offense?  NO  YES

### DECLARATION

The information supplied in this application and all forms and documents submitted to Asiana Capital, Inc. in connection herewith is true and correct to the best of my knowledge and belief. I / We here by authorize Asiana Capital, Inc. to investigate my / our financial responsibility and creditworthiness including inquiry into credit agencies. I / We will provide additional information, as Asiana Capital, Inc. deems necessary and requests including, but not limited to, financial statement, tax returns, etc.

Signed by:	Name	Title	Date
Signed by:	Name	Title	Date