



Asiana Capital, Inc.

# New Client Application

1545 Wilshire Blvd., Suite 508 Los Angeles, CA 90017

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

## COMPANY INFORMATION

COMPANY NAME		DBA NAME, IF ANY	
MAIN OFFICE ADDRESS		EMAIL ADDRESS	
CITY		STATE	ZIP
SHOWROOM ADDRESS		EMAIL ADDRESS	
CITY		STATE	ZIP
FACTORY(WAREHOUSE)ADDRESS		EMAIL ADDRESS	
CITY		STATE	ZIP
TRADE NAME (If different from company name)			<b>FEDERAL TAX ID</b>

BUSINESS ENTITY	CORPORATION <input type="checkbox"/>	PROPRIETORSHIP <input type="checkbox"/>	DUNS NUMBER	YEAR ESTABLISHED & STATE
	PARTNERSHIP <input type="checkbox"/>	LLP <input type="checkbox"/> LLC <input type="checkbox"/>		

RELATED COMPANY NAME, IF ANY

INDUSTRY TYPE	APPAREL & TEXTILE <input type="checkbox"/>	NON-APPAREL <input type="checkbox"/>	WHOLESALE <input type="checkbox"/>	SERVICE <input type="checkbox"/>
	IMPORT <input type="checkbox"/>	MANUFACTURING <input type="checkbox"/>		

PRODUCTS (Non-Apparel)

PRODUCTS (APPAREL)	MANUFACTURER	MENS <input type="checkbox"/>	WOMENS <input type="checkbox"/>	JUNIORS <input type="checkbox"/>	KIDS <input type="checkbox"/>	
	TYPE OF PRODUCTS	DRESS <input type="checkbox"/>	TOP <input type="checkbox"/>	SET <input type="checkbox"/>	CASUAL <input type="checkbox"/>	T-SHIRTS <input type="checkbox"/>
		JEANS <input type="checkbox"/>	BIG & TALL <input type="checkbox"/>			
	YARN	NATURAL <input type="checkbox"/>		SYNTHETIC <input type="checkbox"/>		
	FABRICS	IMPORT <input type="checkbox"/>	KNITTING <input type="checkbox"/>			
	DYEING/PRINTING	YARN <input type="checkbox"/>	PIECE <input type="checkbox"/>	GARMENT <input type="checkbox"/>	REGULAR <input type="checkbox"/>	WET <input type="checkbox"/>
OTHER						

TOTAL A/R BALANCE	AS OF	SALES TERM	SLOW MOS.	HIGH MOS.
CURRENT	1-30 DAYS PAST	31-60 DAYS PAST	61 + DAYS PAST	
MONTHLY SALES	NUM. OF INVOICE PER MONTH	NUM. OF CUSTOMERS	SALES OF TOP 10 CUSTOMERS % OF TOTAL SALES	
AVG INV. AMOUNT	AVG DAYS OF A/R PAID	INVENTORY VALUE	FIRE INSURANCE FOR INVENTORY	
NUMBER OF EMP.	MONTHLY PAYROLL TAXES	WAREHOUSE RENT / OWN?	MONTHLY RENT / MORTGAGE	

## PRINCIPAL INFORMATION

PRINCIPAL NAME	DOB	SSN	DL NUMBER	TITLE
HOME ADDRESS	CITY	STATE	ZIP	PH CEL NUM.
PRINCIPAL NAME	DOB	SSN	DL NUMBER	TITLE
HOME ADDRESS	CITY	STATE	ZIP	PH CEL NUM.

PRINCIPAL NAME	DOB	SSN	DL NUMBER	TITLE
HOME ADDRESS	CITY	STATE	ZIP	PH CEL NUM.

**BANK & LOAN INFORMATION**

BANK NAME	BRANCH	ACCOUNT NO	CHECKING <input type="checkbox"/> PH SAVING <input type="checkbox"/> CONTACT
BANK NAME	BRANCH	ACCOUNT NO	CHECKING <input type="checkbox"/> PH SAVING <input type="checkbox"/> CONTACT

ADDITIONAL LOAN, IF ANY:

BANK NAME	BRANCH	ACCOUNT NO	BUSINESS LOAN <input type="checkbox"/> PH LINE OF CREDIT <input type="checkbox"/> CONTACT
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ADDITIONAL LOAN, IF ANY:

BANK NAME	BRANCH	ACCOUNT NO	BUSINESS LOAN <input type="checkbox"/> PH LINE OF CREDIT <input type="checkbox"/> CONTACT
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**CPA**

CPA FIRM NAME	CONTACT PERSON			
ADDRESS	CITY	STATE	ZIP	PH FAX

**TRADE INFORMATION**

SUPPLIER NAME	CONTACT PERSON			
ADDRESS	CITY	STATE	ZIP	PH TERMS

SUPPLIER NAME	CONTACT PERSON			
ADDRESS	CITY	STATE	ZIP	PH TERMS

SUPPLIER NAME	CONTACT PERSON			
ADDRESS	CITY	STATE	ZIP	PH TERMS

SUPPLIER NAME	CONTACT PERSON			
ADDRESS	CITY	STATE	ZIP	PH TERMS

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 hereby 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
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Signed by: _____	Name	Title	Date
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