



BRENTWOOD SERVICE GROUP, INC.

999 Stewart Avenue
Bethpage, NY 11714
1-800-334-5821
Fax: 516-326-6097

CONFIDENTIAL PERSONAL PROFILE

THIS INFORMATION IS STRICTLY CONFIDENTIAL.

THE SUBMISSION OF THIS APPLICATION DOES NOT OBLIGATE YOU OR BRENTWOOD SERVICE GROUP, INC. IN ANY WAY OR MANNER.

NOTE: If your business is a partnership or corporation with multiple shareholders, each partner or shareholder is required to complete a separate Confidential Personal Profile.

Please Print or Type

BUSINESS INFORMATION	Legal Business Name:				Date of Application:	
	Business Street Address:				Years In Business:	
	City:		State:		Zip:	
	Business Phone:			Business Fax:		
	Partnership: <input type="checkbox"/>	Sole Proprietor: <input type="checkbox"/>	LLC: <input type="checkbox"/>	S Corp: <input type="checkbox"/>	C Corp: <input type="checkbox"/>	
	Other Business Names (DBA's):					
	What Percent of Above Business Do You Own?			Your Title:		
	Date of Incorporation:		State of Incorporation:		Tax ID Number:	
	Additional Owner's Name(s)			Title		Percent of Business Owned
						%
						%
	Your Certified Public Accountant:				Phone:	
	Are You Currently: <input type="checkbox"/> Self-Funded <input type="checkbox"/> Bank Financed <input type="checkbox"/> Factored <input type="checkbox"/> Funded <input type="checkbox"/> Other					
	By Whom:		Percentage Advanced: %		Available Credit Line: \$	
	Check All That Apply: <input type="checkbox"/> Liens <input type="checkbox"/> Judgments <input type="checkbox"/> Lawsuits <input type="checkbox"/> Back Taxes <input type="checkbox"/> None Apply					
	Employee Breakdown	TOTAL		1099		W-2
	Is Payroll Outsourced? Yes <input type="checkbox"/> No <input type="checkbox"/>			By Whom:		
	Are All Payroll Taxes Current? Yes <input type="checkbox"/> No <input type="checkbox"/>		How Much? \$		Agency:	
	Receivables Balance	1-30 Days:	31-60 Days:	61-90 Days:	Total:	
Average A/R Days Outstanding (DSO):						
Clients Approve Work By: <input type="checkbox"/> Signed Timecard <input type="checkbox"/> Electronically <input type="checkbox"/> Other						
Can You Supply Timecards For Each Invoice?						
How Soon Would You Like To Start Funding?						

SALES/PRODUCT INFORMATION	Total Billing/Volume Last Year: \$				Year-To-Date Billing Volume: \$			
	Current Monthly Billing Volume: \$				Current Monthly Payroll Volume: \$			
	Number of Current Clients:			Average Gross Profit: _____%		Average Mark Up: _____%		
	Service Line Breakdowns	Contract Consultants	Technical	Clerical	Light Industrial	Professional	Medical	Locum Tenens
	%	%	%	%	%	%	%	%

PERSONAL INFORMATION	Legal Name:			Social Security #:			Date of Birth:		
	Home Address:				City:		State:		Zip:
	Home Phone:			Email Address:			How Long At Current Address:		
	Previous Address (If At Current Less Than Five Years):								
	Spouse's Name:			Social Security #:			Date of Birth:		
	Employment History								
	From	To	Name & Location of Company			Position		Last Annual Earnings	
			/					\$	
			/					\$	
			/					\$	
	Current Annual Income			Applicant			Spouse		
	Salary			\$			\$		
	Bonuses & Commissions			\$			\$		
	Other Income			\$			\$		
	Total			\$			\$		
If You Answer Yes To Any Question Below, Please Attach An Explanation.									
Are You Now, Or Have You Ever Been A Party To Any Litigation?						<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have You Ever Declared Bankruptcy?						<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are There Any Unsatisfied Judgments Or Tax Liens Against You?						<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are You A Guarantor On Any Loans, Leases, Or Contracts?						<input type="checkbox"/> Yes	<input type="checkbox"/> No		

PERSONAL LIQUID ASSET DETAIL	Banking (Checking And Personal Savings Accounts)				
	Bank Name/Location	Account Number	Bank Officer's Name	Phone Number	Current Balance
					\$
					\$
					\$
			Total	\$	

PERSONAL LIQUID ASSET DETAIL (CONTINUED)	Cash On Hand And Other Liquid Assets (Include Accounts Receivables That You Are Personally Funding)					
	Description				Current Balance	
	Business A/R Funded On Own				\$	
	Other – Explain				\$	
	Other – Explain				\$	
	Total					
	Mutual Funds, Stocks, Bonds, U.S. Government Securities, And Real Estate					
	Description		Due Date	Broker's Name	Phone Number	Current Balance
	401(K), Retirement Funds, IRA					\$
						\$
Home Value					\$	
Total						
TOTAL PERSONAL ASSETS						
Exclude Any Personal Effects Such As Jewelry, Antiques, Etc.				Total	\$	

PERSONAL LIABILITIES DETAIL	Notes And Loans Payable That You Owe (Including Real Estate)				
	Payee Name	Loan Number	Maturity Date	How Guaranteed	Current Balance
					\$
					\$
					\$
	Total				\$
	Other Liabilities (Include Credit Cards With Balances Over \$3000.00)				
	Description				Current Balance
					\$
					\$
Home Mortgage (Including Equity Loans)				\$	
Total				\$	
TOTAL PERSONAL LIABILITIES					
				\$	

NET	Total Personal Assets Minus Total Personal Liabilities	Total	\$
-----	---	--------------	----

The Undersigned Hereby Certifies That All Statements Contained Herein Are Complete And Correct And That I Know Of No Circumstances, Which Could Affect My Ability To Enter Into An Agreement With Brentwood Service Group Inc. (BSG). I Hereby Authorize BSG And It's Agents And Representatives To Obtain An Investigative Report. I Understand That Such A Report May Contain Information As To My Background, Mode Of Living, Character, Credit Worthiness, Financial Condition, And Personal Reputation. This Authorization, In Original Or Copy Form, shall be valid for this application, during the term of any Agreement between the parties Or Any Renewal Or Extensions, Thereof; And In The Event _____ Owes BSG Any Money. The Completion Of This Form Does Not Place You Or BSG Under Any Obligation To Enter Into An Agreement.

Signature -	Date	Spouse's Signature -	Date
Print Signature		Print Signature	