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WORKING CAPITAL EXPRESS INFORMATION FORM

Company Name _____

Address _____

Phone: _____ **Fax** _____

Contact _____ **Email** _____

Website _____

How long have you been in business? _____

How much working capital are you seeking? _____

What is best time to contact you? _____

Signature: _____ **Title** _____ **Date** _____

**Attach last 3 months of business bank statements and
email to credit@wincapfin.com or fax to 562-598-5462**