



Esquire

FINANCING INC.

EFFICIENCY • FLEXIBILITY • INTEGRITY

Applicant/Company Name





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Business Loan Checklist

- Original 3 Months bank statements with used checks & Bank Certification
- Photocopy of Mayor's and DTI permit
- Photocopy of two valid ID's
- Pictures of Applicant and Co-Maker
- Pictures of Business and/or Inventory
- Proof of Billing
- Sketch of business and residence location

For Corporations:

- SEC Registration
- Secretary's Cert. with Board Resolution
- ITR with F.S.

**THIS APPLICATION IS FREE. TO DOWNLOAD ADDITIONAL FORMS
AND TO FIND MORE INFORMATION KINDLY VISIT OUR WEBSITE.
WWW.ESQUIRE.COM.PH**



EFFICIENCY • FLEXIBILITY • INTEGRITY

45/F Philam Life Tower,
8767 Paseo De Roxas,
Makati City, PH 1226
(632) 846 2923
FAX: LOC 115

Picture of
Applicant

CLIENT CODE

ALL FIELDS ARE REQUIRED (ALL CAPITAL LETTERS ONLY)

APPLICANT'S INFORMATION

Surname:
 First Name:
 Middle Name:
 Nationality:
 Date Of Birth:

Residence Address:

Tel Nos:
 Mobile:

Provincial Address:

Tel Nos:
 Email:

Civil Status:
 TIN:
 Community Tax Cert:

FAMILY INFORMATION

Spouse Name: Occupation: Mobile:

Name of Children	Birthday	School	Occupation

BANK INFORMATION

Bank	Branch	Account No.	Date Opened

BUSINESS INFORMATION

Business Name(s):
 Years In Operation:

Brief Description of Business:

Date of Registration:
 No. of Employees:
 Amount of Last Payroll:

Office Address 1:

Office Address 2:

Tel Nos:
 Mobile:

LOAN DETAILS

Amount Applied:
 Term Required:
 3 - 6 months
 7 - 12 months

Purpose of Loan :

Type of Loan :
 New Loan
 Renewal Loan
 Additional Loan

SIGNATURE (over printed name)

Applicant Signature

Agent Signature

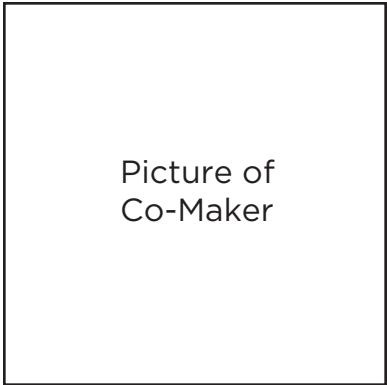


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ALL FIELDS ARE REQUIRED (ALL CAPITAL LETTERS ONLY)

CO-MAKER'S INFORMATION

Surname:
 First Name:
 Middle Name:
 Nationality:
 Date Of Birth:

Residence Address:

Tel Nos:
 Mobile:

Provincial Address:

Tel Nos:
 Email:

Civil Status:
 TIN:
 Community Tax Cert:

FAMILY INFORMATION

Spouse Name: Occupation: Mobile:

Name of Children	Birthday	School	Occupation

BANK INFORMATION

Bank	Branch	Account No.	Date Opened

BUSINESS INFORMATION

Business Name(s):
 Years In Operation:

Brief Description of Business:

Date of Registration:
 No. of Employees:
 Amount of Last Payroll:

Office Address 1:

Office Address 2:

Tel Nos:
 Mobile:

SIGNATURE (over printed name)

Co-Maker Signature

TRADE REFERENCES

Major Clients	Contact Person	Tel. No.

Major Suppliers	Contact Person	Tel. No.

Relatives	Address	Tel. No.

Employees	Address	Tel. No.

AUTHORITY TO VERIFY BANK INFORMATION

Dear _____,

This is to authorize **Esquire Financing Inc.** or any of its authorized representatives to verify our account with detail as follows:

Bank & Branch

Account Name:

Account Number:

Please disclose to the authorized any information they would require regarding our account.

Sincerely,

Full Name & Signature of Authorized Signatory

Full Name & Signature of Authorized Signatory

Current Balance: _____

Average Daily Balance: _____

Handling of Account: _____

Return Checks: _____

Any other comments:

AUTHORITY TO VERIFY PREMISES

This is to authorize **Esquire Financing Inc.** or any of its authorized representatives to enter and inspect our premises which is part of their credit investigation.

Full Name & Signature of Applicant

Full Name & Signature of Spouse/Co-Maker