

CREDIT APPLICATION

I. Applicant Information:

A. General.

Legal Business Name: _____ Federal Employer ID #: _____

Address: _____ Contact Person: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Date Business Started: _____ How long at current location: _____

For sole proprietor or partnership: List all owners or partners. Attach additional information, if necessary.

For corporation or LLC: List all shareholders or members. Attach additional information, if necessary.

Name _____ Title _____ SSN _____

Name _____ Title _____ SSN _____

Name _____ Title _____ SSN _____

Name _____ Title _____ SSN _____

B. Credit References.

Primary Bank: _____

Address: _____ Telephone: _____

Bank Contact: _____ Type of Account and Account #: _____

C. Trade References. (Include name, address and phone number)

1. _____

2. _____

3. _____

II. Guarantor Information:

A. General.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date: _____ Telephone Number: _____ SSN: _____

Driver's License No.: _____ No. of Dependents: _____

Age of Dependents: _____ Rent or own? _____ How long? _____

Gross Income per month: _____

B. Assets.

Bank Accounts (Name, address, type, account number): _____

Marketable Securities (issuer, type, no. of shares): _____

Real Estate (location, date acquired, value): _____

Life Insurance (issuer, face value): _____

Automobiles (make, model, year): _____

Other (list): _____

C. Outstanding Debts.

Landlord or Mortgage holder: _____ Account No.: _____

Rent Payment/Mortgage (circle one) Name in which account is carried: _____

Original Amount \$ _____ Present Balance \$ _____ Monthly Payments: \$ _____

Automobiles (lender and balance): _____ Account No.: _____

Other: _____

III. Additional Associates and Staff:

If your Credit Application is accepted, WealthCounsel, LLC and you will enter into a Membership Agreement wherein WealthDocs™ will be licensed to you for your use as a site license. The site license will be for one law firm at one office location with all attorneys covered under the same firm malpractice insurance policy. Upon request, a copy of your malpractice policy page listing covered members must be provided to WealthCounsel. Of-counsel relationships are not considered to be the same law firm even if located in the same office. Separate office locations will incur additional monthly dues.

List all attorneys and staff members who will be using the software and who will require a login and password to use the website (required for accessing the knowledge base and to receive discounted pricing when ordering or registering online). All associates and staff must have the same address as the WealthCounsel member. Please attach additional sheets, if necessary.

Name _____
eMail address _____

Title _____
Phone _____

Name _____
eMail address _____

Title _____
Phone _____

Name _____
eMail address _____

Title _____
Phone _____

The above information is for the purpose of obtaining credit and is warranted to be true. I/We acknowledge that WealthCounsel, LLC is relying on the information provided herein for determining whether to extend credit. I/We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility. I/We also authorize the above named bank to release credit and financial information to WealthCounsel, LLC. All sales shall be subject to the Membership Agreement on file with WealthCounsel, LLC, which shall be executed upon the extension of credit.

Applicant Signature _____ Title _____ Date _____

Guarantor Signature _____ Date _____