

Signature

## Accounts Receivable/Payable Aging Summary

(Please complete this form with information that matches the most current balance sheet being submitted as a part of this application.)

AGING	ACCOUNT RECEIVABLE	ACCOUNT PAYABLE
UNDER 30 DAYS		
30 – 59 DAYS		
60 – 89 DAYS		
90 - 119 DAYS		
120 – 180 DAYS		
OTHER		
TOTAL (Totals should agree with current financial statement)		
Any receivable greater than 10% of total:		
Any payable greater than 10% of total:		
LISTING OF LARGE ACCOUNTS OVER \$10,000		AMOUNT
1.	\$	
2.	\$	
3.	\$	
4	\$	
5.	\$	
6.	\$	
7	\$	
8	\$	
9.		
10.		
TRADE REFERENCES		
NAME	NAME	
	COMPANY	
	ADDRESS	
CITY, STATE, ZIP	CITY, STATE, ZIP	
TELEPHONE	TELEPHONE	
FAX	FAX	

Title

Date