



Application Checklist

Please Return Completed Application Checklist with your Application Package
If any of the requested documents do not apply to your business mark "N/A"

- _____ Application
- _____ Copy of Any Required License to Operate in your Line of Business
- _____ Insurance Certificate Naming UCF as Additional Insured
- _____ Customer List with Addresses and/or A/R Aging Report

Type of Entity Documentation

Sole Proprietor or Partnership

- _____ Fictitious Business Name Statement (dba)
- _____ If Partnership, Copy of Partnership Agreement

Corporation or LLC Corporation or LLC Corporation or LLC

- _____ Articles of Incorporation or Organization
- _____ Listing of Corporate Officers or Members of LLC
- _____ Corporate Bylaws or LLC Membership Agreement
- _____ Fictitious Name Statement (dba), if applicable for the Corporation

For Each Principal / Owner

- _____ Copy of Driver's License
- _____ Copy of Social Security Card

Additional / Helpful Information

- _____ A/P Aging Report
- _____ Copies of Contracts / Purchase Orders
- _____ Proof of 941 Taxes Paid
- _____ Copies of Checks from Debtors (non-commercial accounts)
- _____ Financial Statement or Tax Return