



Representative: _____

APPLICATION

To apply for a financing relationship with Potential Interested Lenders,---- please furnish the supporting information listed on page 4 together with this application form completed in full. PLEASE PROVIDE ALL INFORMATION REQUIRED; FAILURE TO PROVIDE ALL INFORMATION MAY LEAD TO DELAYS IN PROCESSING. If the space provided is not sufficient for your answers, please use additional sheets of paper as necessary and attach them to this application.

REQUESTED FINANCING AMOUNT: \$ _____

A. GENERAL INFORMATION:

- 1. Complete legal business name _____
- 2. List all trade names or dba's _____
- 3. List exact company name as it appears on your invoices _____
- 4. Prior Names (Company, trade, or dba) used within the last five (5) years and the dates when used: _____
- 5. Street address of executive/corporate office _____
City _____ State _____ Zip _____ County _____
- 6. If at above address less than one year, list previous address(es)
Street address _____
City _____ State _____ Zip _____ County _____
- 7. If more than one place of business, list the addresses of all additional locations on an attachment to this application.
- 8. Telephone # _____ 8. Fax # _____
- 9. Type of business (supply brochure or literature) _____
- 10. Date founded _____ 11. Number of employees, full time _____ part time _____
- 11. Federal tax I.D.# _____ 13. State tax ID# _____ 14. Local tax ID # _____
- 12. List the names, complete addresses, telephone/facsimile numbers of all:
Subsidiaries, with their respective relationships, business and ownership to you _____

Affiliates, with their respective relationship to you _____
- 13. List the states in which you are qualified to do business _____
- 14. List the states in which you regularly conduct business, have sales representatives, or store inventory, giving the exact business address(es) if at a fixed location _____

B. FORM OF COMPANY: Check appropriate box.

- 1. Sole Proprietor Partnership LLC Corporation
- 2. State and county of incorporation/organization _____
- 3. Date of incorporation/organization _____
- 4. If a corporation or LLC, are you in good standing? Yes No

C. PRINCIPALS, DIRECTORS, OFFICERS: (Include title and percentage of ownership if applicable.)

1. Name _____ Spouse name (if married) _____
Title _____
Home address _____ City _____ State _____ Zip _____
Home telephone # _____ Social Security # _____ Date of Birth _____
Own home _____ Percent ownership of business _____ % Driver's license # _____ State _____
2. Name _____ Spouse name (if married) _____
Title _____
Home address _____ City _____ State _____ Zip _____
Home telephone # _____ Social Security # _____ Date of Birth _____
Own home _____ Percent ownership of business _____ % Driver's license # _____ State _____
3. Name _____ Spouse name (if married) _____
Title _____
Home address _____ City _____ State _____ Zip _____
Home telephone # _____ Social Security # _____ Date of Birth _____
Own home _____ Percent ownership of business _____ % Driver's license # _____ State _____
4. Name _____ Spouse name (if married) _____
Title _____
Home address _____ City _____ State _____ Zip _____
Home telephone # _____ Social Security # _____ Date of Birth _____
Own home _____ Percent ownership of business _____ % Driver's license # _____ State _____

If space provided is not sufficient, please attach additional sheets.

D. BANKING INFORMATION:

1. Business Checking Account
Name of Bank _____ How long with bank? _____
Street address _____ City _____ State _____ Zip _____
Account # _____ Name of Bank Officer _____ Telephone _____
2. Business Loan Account
Name of Financial Institution _____ How long with institution? _____
Street address _____ City _____ State _____ Zip _____
Loan No. _____ Telephone # _____
Type & amount of Loan _____
Type of collateral _____
3. Does the business have other accounts and/or relationships with other banks? Yes No
If yes, list the additional accounts on an attachment to this application.

E. CURRENT OR PREVIOUS ASSET BASED LENDING OR FACTORING EXPERIENCE:

1. Present or previous asset-based lending or factoring experience? Yes No
If yes, complete the following:
Company name _____ How long with asset based lender or factor _____
Street address _____ City _____ State _____ Zip _____
Contact name _____ Telephone # _____
Outstanding balance \$ _____ Reason for termination _____

F. COLLATERAL/SECURITY INFORMATION:

1. Any UCC-1s on file? Yes No
2. Are accounts receivable or inventory now pledged as collateral? Yes No
If yes, to whom? _____
3. Does any inventory financier claim a purchase money security interest? Yes No
If yes, attach the name and address of financier and details of the transaction to this application.
4. Any agreements (loan, mortgage, stockholder, etc.) to which you are a party and which may restrict borrowing or creation of security interests, or which may impose unusual burdens on you? Yes No
If yes, attach an explanation.
5. List and describe any provisions of your charter or by-laws which may limit your ability to borrow or create security interests _____

G. TAX INFORMATION:

- 1. Has current state tax return been filed? Yes No
- 2. Have current state taxes been paid? Yes No
- 3. Have all Federal taxes been paid, including payroll taxes? Yes No
If no, list all payments in arrears _____ including the agency, quarter and amount of tax owed _____
- 4. Are any tax liens outstanding against the company? Yes No
If yes, complete the following:
Federal lien amount \$ _____ State lien amount \$ _____
Do you have a workout plan? Yes No If yes, include a copy.
IRS contact _____ Telephone # _____
State contact _____ Telephone # _____

H. BANKRUPTCY INFORMATION:

- 1. Are you currently in Chapter 11 Bankruptcy? Yes No
If yes, date of filing _____
- 2. Attorney's name _____ 3. Telephone # _____
- 4. Has the company or any of its principals ever previously filed for bankruptcy? Yes No

I. ACCOUNTS RECEIVABLE INFORMATION:

- 1. Expected monthly sales \$ _____ 2. Normal terms of sales _____
- 3. Approximate number of active customers _____ 4. Average number of invoices per month _____
- 5. Invoice Size: Low \$ _____ High \$ _____ Average \$ _____
- 6. How much bad debt was written-off last year? \$ _____
- 7. Are cash receipts marked so they may be matched to specific invoices? Yes No
- 8. Do you have customer credit limit underwriting procedures? Yes No
- 9. Do you require customers to complete a credit application? Yes No
(If so, please attach sample customer credit application)
- 10. Are all invoices supported by POs, contracts and/or shipping documents? Yes No
- 11. Any extended selling terms granted? Yes No
If yes, list terms _____
- 12. Any sales arising from installments or progress billings? Yes No
If yes, explain _____
- 13. Any sales to brokers? Yes No
If yes, what percentage of total sales is to brokers? _____%
- 14. Any sales made on a consignment, bill-and-hold, or guaranteed-sale basis? Yes No
If yes, explain _____
- 15. Are accounts receivable generated from sales of: Goods Services Both
- 16. Any sales to U.S. government agencies? Yes No
- 17. Any sales arising from construction work? Yes No
- 18. Are performance and/or payment bonds obtained on your jobs? Yes No
If yes, explain _____
- 19. Any export sales? Yes No If yes, are letters of credit obtained to secure sales? Yes No
- 20. Are your obligations to customers fully performed at time of invoicing? Yes No
If no, explain _____
- 21. Any sales to "consumers" (i.e. individuals purchasing for personal, family or household purposes)? Yes No
If Yes, explain _____
- 22. Any sales to your subsidiaries, affiliates, or individuals to which any of your officers are related? Yes No
If yes, explain the nature of the relationship _____
- 23. Any purchases of goods or services made by you from your customers? Yes No
- 24. Any warranty or guaranty provided to customers with your goods or services? Yes No
If yes, explain _____
- 25. Must customers obtain authorization before returning goods? Yes No
- 26. Are returned goods segregated from new inventory? Yes No
- 27. What percent of sales are returned? _____%
- 28. Do you bill your clients for sales tax? If so what % _____ Yes No

J. PROFESSIONAL REFERENCE INFORMATION:

1. Accountant name: _____ Firm _____ Telephone # _____
Address _____ City _____ State _____ Zip _____
2. Attorney name: _____ Firm _____ Telephone # _____
Address _____ City _____ State _____ Zip _____

K. FINANCIAL INFORMATION:

1. How often are your financial statements generated? _____
2. The quality of your financial statements is: Audited Reviewed Compiled
3. When does your fiscal year end? _____
4. Any lawsuits against the company or the principals? Yes No
5. Any judgments existing against the company or the principals? Yes No
If yes, attach an explanation.
6. Are retirement and health plans funding payments current? Yes No
If no, list all payments in arrears _____
7. Why do you want to obtain financing? _____

8. When do you want to receive financing _____

L. SUPPORTING INFORMATION REQUIRED: Please provide ALL supporting information required. Failure to provide all information may lead to delays in processing.

- Business financial statements (current interim statements and previous two year's-end).
- Personal financial statement(s) of principal(s)
- Federal tax returns of company (previous two years).
- Federal tax returns of principals (previous two years).
- Fictitious Business Name statement (if a sole proprietor, or if using a fictitious name).
- Articles of Incorporation (if incorporated), Certificate of Formation (if LLC), Partnership Agreement (if a partnership).
- Accounts receivable aging (including invoice detail).
- Customer list including names, addresses and phone numbers of customers.
- Accounts payable aging.
- Proof of insurance.
- Existing asset-based lending or factoring contract and UCC-1 filings (if any).
- Sample invoice and purchase order.
- Marketing material on your company and/or product line.
- Sample customer credit application (if used).
- Other _____

The foregoing statements have been carefully read by me and I hereby solemnly declare and certify that the same are true and correct and that I have the authority to provide this information and be bound by the terms of this application. Potential Lender ----- is authorized to (1) request, receive and verify credit reports and other financial information regarding applicant and its business that Lender deems appropriate; and (2) verify any information contained in this application, in any documents, schedules, reports, statements and/or other information provided under or pursuant to this application, or learned by Potential Lender----- as part of its investigation and review of this application, applicant, or applicant's business.

The undersigned individual(s) who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Signed: _____ Signed: _____ Signed: _____
By: _____ By: _____ By: _____
Title: _____ Title: _____ Title: _____
Date: _____ Date: _____ Date: _____