



Return this form by fax or email with: summary/aging of your accounts receivable, Certificate of Incorporation, EIN Confirmation, and copy of Principal(s) Driver's License

Application To Enter Into Accounts Receivable Purchase Agreement

- 1. Legal Business Name: Phone:
2. Street Address: City: State Zip Code:
3. Date Established: Does Company own real property? Yes No
4. All D/B/A, fictitious & assumed names:
5. Type of Business:
6. Inc: Partnership: LLC: State in which company is incorporated:

PRINCIPALS

- 7. Name: Social Security No
Home Street Address: Own Rent Date of Birth:
City, State, Zip Code United States Citizen: Yes No
Home Phone: Cell Phone: Email:
Business Title: Est. % Ownership
8. Name: Social Security No
Home Street Address: Own Rent Date of Birth:
City, State, Zip Code United States Citizen: Yes No
Home Phone: Cell Phone: Email:
Business Title: Est. % Ownership

SUPPORT INFORMATION

- 9. Name of Accountant: Firm: Phone:
10. Name of Attorney: Firm: Phone:

TAX INFORMATION

- 11. Federal ID #: _____ 12. Number of Employees: _____
- 13. Do you have any Federal or State Taxes past due? Yes No If yes, has lien been filed? Yes No
- 14. If yes to #13, please list type, quarter/year and amounts: _____

BANKING INFORMATION

BUSINESS CHECKING ACCOUNT

- 15. Name of Bank: _____ Phone: _____
Street Address: _____ City, State, Zip _____
Account Numbers: _____ Name of Bank Officer: _____

BUSINESS LOAN ACCOUNT

- 16. Name of Financial Institution: _____ Phone Number: _____
Street Address: _____ City, State, Zip _____
How long with Institution? _____ Loan Amount: _____ Collateral: _____

RECEIVABLE INFORMATION

- 17. What is the intended use of the funds: _____

- 18. Dollar amount of receivables currently open: _____ Date of Aging: _____
- 19. Approximate Number of Customers: _____ Terms of Sales: _____ Average Monthly Sales: _____
- 20. Projected 12 month sales: _____
- 21. Do you sell goods on a consignment or right of return basis? Yes No
- 22. Do you buy products or services from any customers? Yes No
- 23. Do you employ union workers? Yes No If Yes, are you current on your Benefit payments? Yes No
- 24. Do you use a bonding company for any contracts? Yes No
- 25. List 4 largest customers, which you intend to factor: *(Please list exact corporate name and headquarter address:)*

	<u>Corporate Name</u>	<u>City/State/Zip</u>	<u>Phone No.</u>	<u>Maximum Credit Limit</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

26. Amount you intend to fund on a monthly basis: _____

27. Has your company funded receivables before? Yes No

If yes, with what company? _____

28. Are receivables currently pledged as collateral? Yes No

If yes, pledged to whom? _____

29. Is inventory currently pledged as collateral? Yes No

If yes, pledged to whom? _____

30. Any other secured Commercial Loans/Leases Outstanding? Yes No

How did you find out about Prestige Capital? _____

Name: _____ Co. _____ Phone: _____

I/We have been told and do understand that the submission of an application for financing with Prestige Capital does not mean that Prestige Capital will fund or provide any financial services whatsoever.

I/We further have been told and do understand that approval to purchase receivables may come only after Prestige Capital approves said application and the invoices/accounts offered are approved in accordance with the terms of Prestige Capital Accounts Receivable Purchase and Sale Agreement.

I have been advised that after my written request, made within a reasonable time, I have the right to receive a complete and accurate report of the nature and scope of such procedures in accordance with Section 606(b) of the Fair Credit Reporting Act.

The above statements are true and accurate to the best of my information and belief. This serves as my permission for the release of any information regarding this application for the purposes of personal credit and background investigations to Prestige Capital or its assigns or designees.

Signed: _____ Dated: _____, 20 _____

Print Name and Title: _____

Email Address: _____

Please send completed Application with the following attachments:

- 1) Most recent A/R and A/P aging reports (summary or detailed)
- 2) Copy of Certificate of Incorporation
- 3) Copy of Principals driver's license
- 4) Copy of Sample Invoices
- 5) Any additional information you would like to provide to assist Prestige Capital in evaluating transactions for funding.

Please send completed Application with attachments to:

Prestige Capital, fax no: [201-944-9477](tel:201-944-9477) or email to: tcallahan@prestigecapital.com