



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 along with the following attachments:**

- 1) **Most recent A/R Aging, Summary or Detailed (aged preferably by Invoice Date, not Due Date)**
- 2) **Copy of an Open Invoice from AR Aging with supporting documentation (PO, Contract, Vendor Agreement)**
- 3) **Most recent A/P Aging Summary**
- 4) **Copy of Principal(s) Driver's License(s)**
- 5) **Copy of Certificate and Articles of Incorporation**
- 6) **Last 3 months Operating Bank Account Statements**
- 7) **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](mailto:tcallahan@prestigecapital.com)**