

Return this form by email tcallahan@prestigecapital.com

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

8. Name: _____ Social Security No: _____
Home Street Address: _____ Own Rent Date of Birth: _____

City, State, Zip Code: _____ United States Citizen: Yes No

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