

Application to enter into a Factoring and Security Agreement

GENERAL INFORMATION

Full Corporate Name:			Incorporation Date:		
Other Trade or Assumed Names (d/b/a):			Federal Tax Id:		
Type Of Business? (Check One)					
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Distributor <input type="checkbox"/> Service <input type="checkbox"/> Other: _____					
Detail of Business Description (Products or Services):					
(Check One) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			County:		State Incorporated:
Business Street Address:			City:		State: Zip:
Mailing Address (if different) or Other Locations:			City:		State: Zip:
Telephone #	Fax #	Cell Phone #		Web address:	Email address:

ACCOUNTS RECEIVABLE INFORMATION

A/R Balance:	Average Turnover:	% Planned to Factor:	Sales to Affiliates: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sales to Vendors: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you now or ever factored invoices? If yes, with whom? <input type="checkbox"/> Yes <input type="checkbox"/> No					
List Largest Customers	% of Annual Sales	High Credit Within the last 12 Months	Contact Name & Phone Number	Headquarters Address/City/State	

REFERENCES

BANKER:	Bank:	Phone #:
ACCOUNTANT:	Firm:	Phone #:
ATTORNEY:	Firm:	Phone #:
INSURANCE AGENT:	Firm:	Phone #:

BACKGROUND INFORMATION

Does the business use a payroll service for employees? If yes, which company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there past due Federal or State taxes, including but not limited to withholding taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, has a lien been filed against the business or the owners? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are installment/payment plans in place? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the business have any subsidiaries or affiliates or related entities? If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has there been a change of ownership in the past 12 months? If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has there ever been a change in the business name? If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any lawsuits threatened or pending against the company? If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have the owners, officers or key managers of the company ever been convicted of a felony? If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Has the company or any of its principals now or ever filed for bankruptcy? If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are the current accounts receivable pledged as collateral to any third party? If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No

PRINCIPALS				
Name:	Home Phone:	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	
Address:	City:	State:	Zip:	
SSN#	Date of Birth:	% Owned of Company:		
Title: (Circle One) President Sole Proprietor Shareholder Senior Partner Secretary Vice President Other: (please explain) _____				
Name:	Home Phone:	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	
Address:	City:	State:	Zip:	
SSN#	Date of Birth:	% Owned of Company:		
Title: (Circle One) President Sole Proprietor Shareholder Senior Partner Secretary Vice President Other: (please explain) _____				
Name:	Home Phone:	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	
Address:	City:	State:	Zip:	
SSN#	Date of Birth:	% Owned of Company:		
Title: (Circle One) President Sole Proprietor Shareholder Senior Partner Secretary Vice President Other: (please explain) _____				

Applicant understands that Liquid Capital Exchange, Inc. and its Service Providers and/or franchisees to rely upon the foregoing information in determining whether to enter into a factoring agreement and applicant authorizes Liquid Capital Exchange Service Providers and/or franchisees to do so. Applicant also understands that the foregoing information may be incorporated by reference into an agreement between Applicant and Liquid Capital Exchange, Inc. and any failure of Applicant to disclose truly, completely and correctly the information requested may constitute a breach of any such agreement. Applicant understands further that Liquid Capital Exchange, Inc. has not, by requesting the completion of or accepting this application form, committed to make or implied an intention or commitment to enter into a factoring program with Applicant. Applicant acknowledges that he has retained a copy of this application. "Applicant" hereby authorizes Liquid Capital Exchange and/or its Service providers and/or franchisees (officers, employees or other representative thereof) to visit and inspect any properties of Applicant; to discuss Applicant and its affairs, finances, and accounts with, and be advised as to the same by Applicant's officers, employees, and independent public accountant; all to such reasonable extent as Liquid Capital Exchange may desire, and all on the condition that Liquid Capital Exchange, Inc. seeks such information in good faith in connection with the within factoring application.

Applicant hereby authorizes its suppliers, customers, lenders, accountants, principals, officers, and attorneys to provide Liquid Capital Exchange, Inc. (and any officer, employee, service provider, franchisee or representative thereof) such information about Applicant and its affairs, finances, and accounts as Liquid Capital Exchange, Inc. may request. Applicant also authorizes each such person and firm to accept a copy of this Authorization as if it were an original. The undersigned individual(s) who is/are either a principal(s) 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 Liquid Capital Exchange, Inc. and/or its service providers, and/or its franchisees from time to time as may be needed in the credit evaluation.

Applicant
Signature: _____ Title: _____ Date: _____

Print Name: _____

Applicant
Signature: _____ Title: _____ Date: _____

Print Name: _____

Applicant
Signature: _____ Title: _____ Date: _____

Print Name: _____