



GEOGRAPHIC RESTRICTIONS:

NONE. We provide services nationally

AVERAGE CLIENT ANNUAL REVENUES:

Start-up companies to \$30,000,000 in annual sales

FULL SERVICE PROGRAM FOR ACCOUNTS RECEIVABLE

- Timely approvals and funding for our clients
- Payments posted on the same day and made available to client weekly
- Credit investigation and continuous evaluation of customer base
- Invoice by invoice monitoring with daily reporting available to our clients
- Personal and professional collection follow-up program

STANDARD FEE STRUCTURE

- Clients funding in excess of \$2,000,000 annually, monthly fees as low as 1.10% of the invoice amount
- Clients funding less than \$2,000,000 annually, monthly fees as low as 1.99% of the invoice amount

STANDARD PROGRAM

- No long term contracts
- Standard advance rate of 85%, other advance rates available
- Fees based on a 30-day cycle from day of funding to day of collection. If invoice goes beyond 30 days from funding date, fee is pro-rated on a daily basis
- Programs available with lower fees if average turnover of receivables is less than 30 days
- Clients determine which accounts are funded based on their cash flow needs

TARGET MARKET

- Companies with stable or increasing revenues that need working capital for revenue growth
- Established companies with recent history of unprofitable operations that have a good plan of turnaround
- Companies needing working capital, with a limited track record (e.g. start-up companies)
- Companies with established track records and growth opportunity, but fail to meet the bank's borrowing criteria
- Companies with a high concentration in accounts receivable in need of either permanent or temporary ("bridge") financing
- Any company with healthy sales volume, and the desire to outsource their accounts receivable management



GENERAL INFORMATION

1. Legal Name of Business:
1a. State of Org
1b. Organization Type: S-Corp, C-Corp, LLC, Partnership, Sole Proprietorship
2. Trade Name:
3. Federal ID #:
4. Main Office Address:
5. Mailing Address:
6. Date Established:
7. Phone:
8. Fax:
9. Website Address:
10. E-Mail Address:
11. Has there been a change of owners...?
12. What type of business:

ACCOUNTS RECEIVABLE INFORMATION

13. Total Receivables Outstanding:
14. Total Revenues: Last 30 days \$, Past 12 months \$
15. Projected Revenues: Next 12 months \$
16. Amount to be Factored \$
17. Average Number of Customers
18. Average Number of Invoices/Month:
19. Average Invoice Amount \$, Avg. Days of Collections:
20. List company's five (5) largest customers:
Name Of Company, City/State, Contact/Telephone Number

21. Has this company ever factored or pledged its accounts receivable? Is there a lien on the company's accounts receivable? If yes, to either question, please give details, including names of parties to whom receivables are or were factored or pledged.

22. Are Any Federal, State and or local taxes past due? If Tax Lien \$ Type:
23. Is this company now or has it ever been in bankruptcy?

INDIVIDUAL INFORMATION

24. Please list all OWNERS, SHAREHOLDERS, OFFICERS and/or DIRECTORS of Company:
A. Full Name:
Home Address:
Home Phone:
Social Security Number:
Title: Director? Ownership %:
B. Full Name:
Home Address:

Home Phone: _____ Social Security Number: _____
Title: _____ Director? _____ Ownership %: _____

C. Full Name: _____
First Middle Last

Home Address: _____
Physical Address City County State Zip

Home Phone: _____ Social Security Number: _____
Title: _____ Director? _____ Ownership %: _____

D. Full Name: _____
First Middle Last

Home Address: _____
Physical Address City County State Zip

Home Phone: _____ Social Security Number: _____
Title: _____ Director? _____ Ownership %: _____

E. Full Name: _____
First Middle Last

Home Address: _____
Physical Address City County State Zip

Home Phone: _____ Social Security Number: _____
Title: _____ Director? _____ Ownership %: _____

REFERENCES:

25. Bank: _____ Phone: _____
Officer: _____ Account Number: _____
26. Accounting Firm: _____ Phone: _____
Accountant: _____ Years with Firm: _____
27. Payroll Service: _____ Phone: _____

DOCUMENTS REQUIRED:

- 28. Financial Statements and Business Tax Returns for most recent two (2) years.
- 29. Current Income Statement and Balance Sheet (most recent month end and year to date)
- 30. Current Detailed Accounts Receivable Aging
- 31. Accounts Payable Schedule
- 32. Articles Of Incorporation, Organization , Partnership Agreement, By-Laws (whichever is applicable)
- 33. Invoice Sample and Backup to Invoice
- 34. Business Plan and or Resumes (if available)
- 35. Personal Financial Statement for each principal
- 36. Most recent 2 years Personal Tax Returns for each owner
- 37. Customer List including Name, Address Contact Person, Phone, Fax

DECLARATION:

The information supplied in this Prospective Client Information form and all forms submitted to Capital Business Funding and or its affiliates in connection herewith is true, correct and complete to the best of my knowledge and belief. I/ we hereby authorize Capital Business Funding to investigate my/our financial responsibility and credit worthiness as deemed necessary by Capital Business Funding. I/we grant Capital Business Funding the right to procure any and all credit reports pertaining to any party to this application.

Signed By: _____ Signed By: _____

Title: _____ Title: _____

Date: _____ Date: _____



PERSONAL FINANCIAL STATEMENT AS OF _____
Date

Name: _____
Spouse: _____
Address: _____
Phone: _____

Social Security Number: _____
Social Security Number: _____
City & State: _____ Zip: _____
E-mail: _____

ASSETS

| | |
|---|----|
| Cash on Hand and in Banks | \$ |
| Cash Value of Life Insurance | \$ |
| Investments: (Schedule A) | |
| U.S. Government Securities | \$ |
| Listed Securities | \$ |
| Unlisted Securities | \$ |
| Other Investments | \$ |
| Notes and Accounts Receivables (Schedule B) | \$ |
| Real Estate (Schedule C) | \$ |
| Automobiles, Machinery & Equipment (Schedule D) | \$ |
| Personal Property | \$ |
| Other Assets (Describe) | \$ |
| _____ | \$ |
| _____ | \$ |
| TOTAL ASSETS: | \$ |

LIABILITIES

| | |
|------------------------------------|----|
| Notes Payable (Schedule E) | |
| Bank Name: | \$ |
| Bank Name: | \$ |
| Bank Name | \$ |
| Others | \$ |
| Accrued Taxes | \$ |
| Real Estate Mortgages (Schedule C) | \$ |
| Other Debts (Itemize) | \$ |
| _____ | \$ |
| _____ | \$ |
| TOTAL LIABILITIES: | \$ |
| NET WORTH: | \$ |
| TOTAL LIABILITIES AND NET WORTH: | \$ |

SOURCE OF INCOME

| | |
|-------------------------|----|
| Salary: | \$ |
| Bonuses and Commissions | \$ |
| Dividends and Interest | \$ |
| Real Estate Income | \$ |
| Other | \$ |
| _____ | \$ |
| TOTAL INCOME: | \$ |

PERSONAL INFORMATION

Business or Occupation: _____
Partner or Officer in Any Other Venture _____
_____ Personal Bank Account Carried at: _____
Other Accounts: _____
Other Accounts: _____
Executor of Your Will: _____

The information contained in this statement is provided to Capital Business Funding and/or its subsidiaries/affiliates to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledge and understand that Capital Business Funding is relying on the information provided herein on deciding to grant or continue credit or to accept guaranty thereof. Each of the undersigned represents, warrants, and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify Capital Business Funding immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability or any of the undersigned to perform its obligations Capital Business Funding. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify Capital Business Funding as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, Capital Business Funding may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. Capital Business Funding is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give Capital Business Funding any information they may have on the undersigned. Each of the undersigned authorizes Capital Business Funding to answer questions about Capital Business Funding's credit experience with the undersigned. As long as any statement and any other financial statement and any other financial or other information that the undersigned give Capital Business Funding shall be Capital Business Funding's property.

THE UNDERSIGNED HAVE READ AND FULLY UNDERSTAND THE FOREGOING REPRESENTATIONS AND WARRANTIES

Signature: _____ Date: _____ Signature: _____ Date: _____

(PLEASE COMPLETE SCHEDULES AND PERSONAL INFORMATION ON PAGE 2 OF THIS DOCUMENT) GENERAL INFORMATION

PERSONAL FINANCIAL STATEMENT AS OF _____
Date

GENERAL INFORMATION

Are any Assets Pledged? _____
 Are you a defendant in any Suits or Legal Action? _____
 Have you ever taken Bankruptcy? Explain: _____

CURRENT LIABILITIES

As Endorser or Co-maker \$ _____
 On Leases or Contracts \$ _____
 Legal Claims \$ _____
 Provisions for Federal Income Taxes \$ _____
 Other Special Debt \$ _____

SCHEDULE A - INVESTMENTS

| Description | Shares | Name Recorded In | Pledge to | Cost | Market Value |
|-------------|--------|------------------|-----------|------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE B – NOTES AND ACCOUNTS RECEIVABLE

| Due From | Collateral | Maturity | Amount |
|----------|------------|----------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

SCHEDULE C – REAL ESTATE

| Description of Property | Date Acquired | Name Title In | Cost | Market Value | Mortgage Balance | Mortgage Held By |
|-------------------------|---------------|---------------|------|--------------|------------------|------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE D – AUTOMOBILES, MACHINERY, AND EQUIPMENT

| Description | Year Acquired | Cost | Present Market Value | Loan Balance | Payable | How Payed |
|-------------|---------------|------|----------------------|--------------|---------|-----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE E – NOTES PAYABLE

| Name of Creditor Or Mortgage Holder | Date Opened | Amount | Collateral | Terms | Owing |
|-------------------------------------|-------------|--------|------------|-------|-------|
| | | | | | |
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