

FIRST CAPITAL FUNDING CORPORATION

Office: 800-346-0136 Fax: 888-755-8521

APPLICATION FOR ACCOUNTS RECEIVABLE FINANCING PROGRAMS

Legal Name of Company (as shown on Articles of Incorporation or Partnership Agreement)

Street Address

City State County Zip Code

Phone Number Fax Number

Does the company use a trade name or d/b/a? Yes No If yes, with whom: _____

Company is a: Corporation Partnership Proprietorship LLC Federal Tax I.D. # _____

PLEASE ATTACH ARTICLES OF INCORPORATION/PARTNERSHIP AGREEMENT AND/OR FICTICIOUS NAME FILING.

Date Business started State of Incorporation/Registration Annual Sales Volume Number of Employees

Describe Type of Business

Are receivables generated from the sales of goods, services or both? Goods Services Both

Is office space owned or leased? _____ Monthly rental amount \$ _____

Name of lender or leasing company: _____ Phone # () _____

Number of active customers: _____ Number of invoices per month: _____ Normal selling terms: _____ (Net 30-60-90 etc.)

Are any extended terms granted? _____ Average monthly sales volume: _____

How much of your average monthly billing do you wish to factor? \$ _____

Have you ever factored your receivables? Yes No If yes, with whom: _____

Are you currently factoring with them? Yes No Amount currently open? \$ _____

Does the Applicant or its principals have any pending lawsuits against them? Yes No (ATTACH DETAILS)

Is there any security interest granted that covers accounts receivable and/or inventory? Yes No If yes, explain: _____

How much bad debt did you write off last year? \$ _____

Do you have any outstanding loans? Yes No If yes, please explain _____

1.) Lenders Name _____ Address: _____

Balanced Owed \$ _____ Contact name: _____

Phone Number: () _____ Collateral: _____

2.) Lenders Name _____ Address: _____

Balanced Owed \$ _____ Contact name: _____

Phone Number: () _____ Collateral: _____

3.) Lenders Name _____ Address: _____

Balanced Owed \$ _____ Contact name: _____

Phone Number: () _____ Collateral: _____

Tax Information

How often do you file 941 taxes? Weekly Monthly Quarterly Annually

Do the Applicant/principals owe any back taxes (payroll, state, federal)? Yes No If yes, amount owed \$ _____

If yes, have any tax liens been filed? Yes No If yes, please list type, quarter/year and amounts owed \$ _____

Please list All Bank Accounts

Bank Name _____ Account # _____

Contact Name _____ Phone # () _____

Bank Name _____ Account # _____

Contact Name _____ Phone # () _____

Professional References

Name of Attorney _____ Phone # () _____

Name of Accountant _____ Phone # () _____

Please list Company's 5 Largest Customers you wish to Factor
(Note: Customers will NOT be contacted)

Company Name _____ Phone # () _____
 City _____ State _____ Monthly Sales \$ _____ Average Invoice Amount \$ _____

Company Name _____ Phone # () _____
 City _____ State _____ Monthly Sales \$ _____ Average Invoice Amount \$ _____

Company Name _____ Phone # () _____
 City _____ State _____ Monthly Sales \$ _____ Average Invoice Amount \$ _____

Company Name _____ Phone # () _____
 City _____ State _____ Monthly Sales \$ _____ Average Invoice Amount \$ _____

Company Name _____ Phone # () _____
 City _____ State _____ Monthly Sales \$ _____ Average Invoice Amount \$ _____

Principals Of The Company

OFFICER NAME	ADDRESS	SOCIAL SECURITY #	BIRTHDATE	% OWNERSHIP

The following information and documents is required to determine the feasibility of entering into an accounts receivable program. Please include with your application:

- Copy of articles of incorporation (Showing legal business name and identities of corporate president, secretary, and/or treasurer)
- Master customer list complete with names, addresses, phone numbers
- Detailed accounts receivable aging report
- Detailed accounts payable aging report
- Copies of sample invoices

The foregoing information is true and correct to the best of my knowledge and is given to *First Capital Funding Corporation (FCFC)* and/or its assigns to induce FCFC to considering entering into a factoring agreement with this company. I do hereby authorize FCFC or its agents to verify and investigate any or all of the foregoing statements, included but limited to my/our credit worthiness and financial responsibility, in any way they might choose. I/We grant *First Capital Funding Corporation* and/or its assigns the right to procure any and all credit reports pertaining to any party listed in this application, including but not limited to, all the principals of the applicant company.

AGREED AND CONSENTED TO:

Signature: _____ Print Name: _____

Title _____ Date _____

Signature: _____ Print Name: _____

Title _____ Date _____