

1ST CAPITAL CORPORATION

Simple Application To Enter Into Accounts Receivable Purchase Agreement

(Return this form by fax with summary/aging of your accounts receivable and a copy of your certificate of incorporation)

1. Legal Business Name: _____ Phone: _____
2. Street Address: _____ Fax: _____
3. County: _____ City: _____ State _____ Zip Code: _____
4. Date Established: _____ Does company own real property? Yes No
5. If doing business in more than one place, list additional addresses: _____

6. All D/B/A, fictitious & assumed names: _____
7. Type of Business: _____
8. Corporation: Partnership: Limited Liability: Individual:
9. State in which company is incorporated: _____ Organizational #: _____
(If Applicable, Noted on Certificate of Incorporation)

PRINCIPALS

10. Name: _____ Social Security No _____
Home Street Address: _____ Own Rent Date of Birth: _____
City, State, Zip Code _____ Home Phone: _____
Business Title: _____ Est . % Ownership _____ Cell Phone: _____
11. Name: _____ Social Security No _____
Home Street Address: _____ Own Rent Date of Birth: _____
City, State, Zip Code _____ Home Phone: _____
Business Title: _____ Est . % Ownership _____ Cell Phone: _____
12. Name: _____ Social Security No _____
Home Street Address: _____ Own Rent Date of Birth: _____
City, State, Zip Code _____ Home Phone: _____
Business Title: _____ Est . % Ownership _____ Cell Phone: _____

SUPPORT INFORMATION

13. Name of Accountant: _____ Firm: _____ Phone: _____

Street Address: _____ City, State, Zip _____

14. Name of Attorney: _____ Firm: _____ Phone: _____

Street Address: _____ City, State, Zip _____

TAX INFORMATION

15. Federal ID #: _____ State Tax ID #: _____ Local Tax ID # _____

16. Number of Employees: _____

17. How often do you file 941 Payroll Taxes? Weekly Monthly Quarterly Yearly

18. Do you have any Federal or State Taxes past due? Yes No If yes, has lien been filed? Yes No

19. If yes to #18, please list type, quarter/year and amounts: _____

BANKING INFORMATION

BUSINESS CHECKING ACCOUNT

20. Name of Bank: _____ Phone: _____

Street Address: _____ City, State, Zip _____

21. Account Numbers: _____ Name of Bank Officer: _____ Phone: _____

BUSINESS LOAN ACCOUNT

22. Name of Financial Institution: _____ Phone Number: _____

Street Address: _____ City, State, Zip _____

23. How long with Institution? _____ Loan Amount: _____ Collateral: _____

PERSONAL ACCOUNT OF: President Proprietor Partner

24. Name of Bank: _____ Date Account Opened: _____

Street Address: _____ City, State, Zip _____

25. Checking Account Number: _____ Phone Number: _____

RECEIVABLE INFORMATION

26. What is the purpose of the funds to be generated from funding: _____

27. Dollar amount of receivables now open: _____ Date of Aging: _____
28. Approximate Number of Customers: _____ Terms of Sales: _____ Average Monthly Sales: _____
29. Do any customers provide you with product or services on a "contra" or "off-set" basis? Yes No
30. Amount you intend to fund on a monthly basis: _____
31. Has your company funded receivables before? Yes No
 If yes, with what company? _____
32. Are receivables pledged as collateral? Yes No
 If yes, pledged to whom? _____
33. Is inventory currently pledged as collateral? Yes No
 If yes, pledged to whom? _____
34. Any other Commercial Loans/Leases Outstanding? Yes No
 If yes, please list on back of this application.
35. How did you find out about 1st Capital Corporation? _____
 Name: _____ Co. _____ Phone: _____

I/We have been told and do understand that the submission of an application for financing with 1st Capital Corporation does not mean that 1st Capital Corporation 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 1st Capital Corporation approves said application and the invoices/accounts offered are approved in accordance with the terms of 1st Capital Corporation 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.

Together with this Application, I am remitting to 1st Capital Corporation a non-refundable application fee (in an amount to be determined) to cover investigatory and other out of pocket expenses which 1st Capital will incur.

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 credit and personal background investigation to 1st Capital Corporation

Signed: _____ Dated: _____, 20 _____

Print Name and Title: _____

Email Address: _____

Along with your application, please attach the following:

- ❑ Articles of Incorporation OR Partnership Agreement OR Articles of Organization
- ❑ Copy of Drivers License of Principal
- ❑ Fictitious Business Name Statement (if dba or trade style is in use)
- ❑ Accounts Receivable Aging (current)
- ❑ Customer List including complete addresses
- ❑ Sample Invoice
- ❑ Accounts Payable Aging (current)
- ❑ Financial Statements (most current)
- ❑ Company Brochures