

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? (Circle One) _____ (please explain)			
Manufacturer Wholesaler Distributor Service Other: _____			
Detail of Business Description (Products or Services): _____			
(Circle One) Sole Proprietorship Partnership Corporation 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				
Please complete the attached customer credit request along with providing an aging for additional information on the receivables.				

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. ("LCX") 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 LCX 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 LCX 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 LCX 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 LCX 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 LCX may desire, and all on the condition that LCX 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 LCX (and any officer, employee, service provider, franchisee or representative thereof) such information about Applicant and its affairs, finances, and accounts as LCX 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 LCX and/or its service providers, and/or its franchisees from time to time as may be needed in the credit evaluation.

By your signature below, Applicant (a) agrees to pay and/or reimburse LCX for all costs and expenses incurred by LCX in considering and documenting the proposed facility (even if such facility is not closed or funded) and to maintain the confidentiality of the terms and conditions described in this letter, (b) authorizes LCX to file a UCC Financing Statement which names Applicant as debtor and covers the collateral to include accounts receivable in all jurisdictions and offices that LCX may deem appropriate, (c) grants LCX a security interest in the collateral to secure all obligations of Applicant to LCX contained in clause (a) of this paragraph, and (d) agrees with LCX that this letter is governed by the laws of the State of Texas.

Applicant
 Signature: _____ Title: _____ Date: _____

Print Name: _____

Applicant
 Signature: _____ Title: _____ Date: _____

Print Name: _____

Applicant
 Signature: _____ Title: _____ Date: _____

Print Name: _____

CUSTOMER CREDIT REQUEST

Company Name: _____

ACCOUNTS RECEIVABLE CUSTOMER INFORMATION

Customer Name:		
Address:		City, ST Zip:
Phone:		Contact Name:
High Credit (last 12 months):	Credit Limit Requested:	% of Annual Sales:

Customer Name:		
Address:		City, ST Zip:
Phone:		Contact Name:
High Credit (last 12 months):	Credit Limit Requested:	% of Annual Sales:

Customer Name:		
Address:		City, ST Zip:
Phone:		Contact Name:
High Credit (last 12 months):	Credit Limit Requested:	% of Annual Sales:

Customer Name:		
Address:		City, ST Zip:
Phone:		Contact Name:
High Credit (last 12 months):	Credit Limit Requested:	% of Annual Sales:

Customer Name:		
Address:		City, ST Zip:
Phone:		Contact Name:
High Credit (last 12 months):	Credit Limit Requested:	% of Annual Sales:

Factoring Application Checklist

The following information should be provided to expedite the approval process.

- Signed Client Application
- Corporate Documentation:
 - a. Articles of Incorporation and By-Laws (if corporation);
 - b. Partnership Agreement if Partnership;
 - c. Operating Agreement if LLC;
 - d. Copy of fictitious name filing for any trade names used
- Detail Accounts Receivable Aging
- Detail Accounts Payable Aging
- Example of a typical sale including invoice, contract or purchase order, and delivery ticket, bill of lading, timesheet or other evidence of completion that would be submitted to the customer
- Customer Address List with phone numbers and addresses
- List of Orders on Hand
- Interim Financial Statements, including balance sheets and income statements, if available, or three months of bank statements
- Annual Financial Statements or Tax Returns
- Copy of Insurance Certificates
- Payroll Tax Information – proof of payment
- Personal financial statements of owners and/or guarantors
- Brochures and other company information (if available)
- Resumes of company owners