

CAPITAL FUNDING ALLIANCE, LLC

QUICK APPLICATION

BUSINESS INFORMATION

Legal name of applicant(s): _____

Trade Names (DBA): _____

Federal Tax ID: _____

Address: _____ City, State, Zip: _____

Previous address if current less than three (3) years: _____

Telephone: _____ Fax: _____ Mobile: _____

Mailing Address (if different): Address: _____

City, State, Zip: _____

Website: _____ e-Mail address: _____

Years in business: _____ State applicant established: _____

Business Type: Corporation _____ Partnership _____ LLC _____ Sole Proprietorship _____ Other _____

Has the name of the applicant changed within the last two (2) years? _____

If so, please state former name(s) _____

Describe business/products: _____

Average monthly sales: _____

Has the applicant ever filed for bankruptcy? Yes _____ No _____

Does the applicant have any judgments or liens filed against it? _____

Does the applicant have any pending lawsuits against it? _____

Are there any UCC filings against the applicant? _____

If yes, with whom? _____

Does the applicant have any federal or state taxes past due? Yes _____ No _____

If yes, please explain: _____

OWNERSHIP/MANAGEMENT/PRINCIPALS OF APPLICANT

Name: _____ Title: _____ % Ownership: _____

Social Security #: _____ Phone: _____ Date of Birth: _____

Home Address: _____

Have any of the owners of the applicant ever filed for bankruptcy? Yes/No _____
If yes, please list the owner(s) _____
Are there any UCC filings against A/R by any of the owners? _____

Name: _____ **Title:** _____ **% Ownership:** _____
Social Security #: _____ **Phone:** _____ **Date of Birth:** _____
Home Address: _____
Have any of the owners of the applicant ever filed for bankruptcy? Yes/No _____
If yes, please list the owner(s) _____
Are there any UCC filings against A/R by any of the owners? _____

BUSINESS REFERENCES (SUPPLIERS OR VENDORS)

Name: _____ **e-Mail address:** _____
Company Name _____ **Phone:** _____
Association with you: _____
How long have you been in business with them? _____

Name: _____ **e-Mail address:** _____
Company Name _____ **Phone:** _____
Association with you: _____
How long have you been in business with them? _____

OTHER INFORMATION

Applicant's Accountant:
Name: _____ **e-Mail Address:** _____
Address: _____ **City, State, Zip:** _____
Telephone: _____ **Fax:** _____

Applicant's Bank (Business Checking):
Name: _____ **Bank Officer:** _____
Address: _____ **City, State, Zip:** _____

CAPITAL FUNDING ALLIANCE, LLC

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How did You hear about us: _____

Who recommended You: _____

I understand that the submission of an application for factoring or financing with Capital Funding Alliance, LLC ("Capital Funding") does not mean that Capital Funding will engage and provide any financial services whatsoever. I further understand that approval to finance will come only after separate agreement and all supporting forms and requested documentation have been submitted, signed by Your company and approved by Capital Funding or their partners and associated companies.

I certify the accuracy of the information provided and understand that Capital Funding, it's partners and associated companies will be relying on the accuracy of this information when evaluating the company's application. By submitting this application either by email, fax or electronically the company and the principal(s) signing on Company's behalf below, each authorize Capital Funding it;'s partners or associates to request all credit reports or the like, corporately and individually, and to use any credit bureau or business to verify the validity and accuracy of all information contained herein. I consent to Capital Funding, its partners and associates filing of one or more initial Financing Statements against me or the undersigned company in any or all Uniform Commercial Code Jurisdictions, which reflect the collateral as "all assets"

Signature: _____

Date: _____

Title: _____

(Signature must be of the President or an Officer/Principal)

Initial List of Documentation needed

- Quick Application (attached)
- Copy of Driver's License (all 10% + owners)
- A/R Aging Report – Detail Format in MS Excel (lists each outstanding invoice by invoice date)
- List of Customers to be Factored (Entity Names & Addresses)
- Sample Invoice
- Sample Customer Contract(s) and/or Purchase Orders
- How much do you expect to factor on a monthly basis?