



APPLICATION TO ENTER INTO A SECURITY AGREEMENT WITH THE COMMERCIAL FINANCE GROUP

1. BUSINESS NAME: _____
2. DBA: _____
3. ADDRESS: _____
4. PHONE: _____
5. CITY, STATE, ZIP: _____
6. FAX: _____
7. PRODUCT OR SERVICE: _____
8. YEAR ESTABLISHED: _____
9. TYPE OF COMPANY: *C-corp S-Corp Partnership LLC Sole Proprietor* 9. STATE WHERE FILED: _____
10. IF A CORPORATION, please attach a copy of your Articles of Incorporation. COUNTY: _____
11. IF PROPRIETORSHIP / PARTNERSHIP OR USING A DBA, county Fictitious Business Name Statement filed in? _____
12. PRIMARY / HEADQUARTER OFFICE LOCATION: _____
13. ADDITIONAL OFFICE LOCATIONS: _____
14. PREVIOUS BUSINESS NAMES used in the past 5 years and locations: _____
15. HOW DID YOU FIND US? _____
16. COMPANY OWNERS AND / OR OFFICERS - Personal and residence information:
- NAME: _____ Title _____ % Co. Ownership _____ Telephone _____
- Address: _____ City, State, Zip _____ Own _____ Rent _____
- Driver License # and State: _____ Soc. Sec. #: _____ DOB _____
- NAME: _____ Title _____ % Co. Ownership _____ Telephone _____
- Address: _____ City, State, Zip _____ Own _____ Rent _____
- Driver License # and State: _____ Soc. Sec. #: _____ DOB _____
- NAME: _____ Title _____ % Co. Ownership _____ Telephone _____
- Address: _____ City, State, Zip _____ Own _____ Rent _____
- Driver License # and State: _____ Soc. Sec. #: _____ DOB _____
17. RECEIVABLES: Open: _____ Factored Before: _____ With Whom: _____
18. INSURANCE Inventory: \$ _____ Fixture & Equip. \$ _____ Building \$ _____
19. CUSTOMERS: Approximate No: _____ % Repeat: _____ Terms of Sale: _____ F.O.B. _____
20. SALES VOLUME: Average Monthly: \$ _____ Avg. Mo. Number of Invoices: _____ Avg. Invoice: _____
- Average Days A/R Turnover: _____ High Credit Limit Per Individual Customer: _____
21. BANK INFORMATION, Business
- Bank or S & L Name: _____ Contact: _____
- Account Number: _____ Telephone: _____
22. BANK INFORMATION, Personal, Primary Owner / Officer
- Bank or S & L Name: _____ Telephone: _____
- Checking Account Number: _____ Savings Acct. Number: _____ Contact: _____

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23. PROFESSIONAL INFORMATION:

Name and phone number of Attorney: _____

Name and phone number of Accountant: _____

Regular Financial Statements prepared: Yes _____ No _____ How Often: _____ Last One: _____

Copy of Financial Statement attached (Essential): Yes: _____ No: _____

Customers buying from "Contra" Account position (bartering)? _____

24. TAX NUMBERS AND INFORMATION:

Federal Tax Number: _____ State Tax Number: _____ Local Tax Number: _____

Are any taxes past due? Yes: _____ No: _____ (If so, fill out information below, please)

Federal \$ _____ Agent Name: _____ Telephone: _____

State \$ _____ Agent Name: _____ Telephone: _____

25. PRINCIPAL SUPPLIERS:

Company: _____ Contact: _____ Phone Number: _____

Company: _____ Contact: _____ Phone Number: _____

Company: _____ Contact: _____ Phone Number: _____

26. ASSETS ASSIGNED, PLEDGED, LIENED, OR AS COLLATERAL FOR LOANS:

ACCOUNTS RECEIVABLE: Yes: _____ No: _____ To Whom: _____ Address: _____

City, State, Zip: _____ Telephone: _____

INVENTORY: Yes: _____ No: _____ To Whom: _____ Address: _____

City, State, Zip: _____ Telephone: _____

EQUIPMENT: Yes: _____ No: _____ To Whom: _____ Address: _____

City, State, Zip: _____ Telephone: _____

FIXTURES: Yes: _____ No: _____ To Whom: _____ Address: _____

City, State, Zip: _____ Telephone: _____

OTHER: Yes: _____ No: _____ To Whom: _____ Address: _____

City, State, Zip: _____ Telephone: _____

By executing this application, the undersigned certifies to the following: (1) The information set forth in this application and in the documents, schedules, reports, statements, and/or other information provided to THE COMMERCIAL FINANCE GROUP with or pursuant to this application are full, true, correct, and complete and accurately reflect such information on the date(s) thereof; (2) that THE COMMERCIAL FINANCE GROUP is authorized to request, receive, and verify credit reports and other financial information regarding applicant and its business that THE COMMERCIAL FINANCE GROUP deems necessary and appropriate; and (3) that THE COMMERCIAL FINANCE GROUP is authorized to inquire of, investigate, confirm, and verify any information contained in this application, in any documents, schedules, reports, statements, and/or other information provided under or pursuant to this application, or learned by THE COMMERCIAL FINANCE GROUP as part of its investigation and review of this application, applicant, or applicant's business. Please be aware that an electronic signature is as legally binding as a handwritten signature. A document is considered signed when returned by an electronic form of written communication, i.e.: email.

Dated: _____ Signed: X _____ Title: _____

Dated: _____ Signed: X _____ Title: _____

Dated: _____ Signed: X _____ Title: _____

INFORMATION NEEDED BY THE COMMERCIAL FINANCE GROUP & AFFILIATES TO DETERMINE FEASIBILITY FOR ENTERING INTO ACCOUNTS RECEIVABLE PROGRAM:

1. Application
2. Financial Statement (previous two years, if applicable) and most recent year to date
 - a. Business
 - b. Personal
3. Federal Tax Return (previous two years)
 - a. Business
 - b. Personal
4. Copy of Articles of Incorporation and/or DBA Filing
5. Account Payable Aging
6. Account Receivable Aging
7. Customer list with name, address, zip code and telephone numbers
8. One copy of completed invoice with backing documentation (Bill of Lading, timesheets, etc)

In order to quickly determine if we can be of service to your firm, we need all of the information requested above, as well as the completed application. If any information requested is not available, please attach a written explanation. All information will be held in strict confidence.