



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 (the "Applicant") 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 may share this application and any supporting documentation with its agents, representatives, affiliates and designees (collectively, "Assignees"), and THE COMMERCIAL FINANCE GROUP and its Assignees are authorized to request, receive, and verify credit reports and other financial information regarding applicant and its business that THE COMMERCIAL FINANCE GROUP or its Assignees deem necessary and appropriate; and (3) that THE COMMERCIAL FINANCE GROUP and its Assignees are 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 or its Assignees 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. Applicant waives and releases any claims against THE COMMERCIAL FINANCE GROUP, any Assignees and any information providers relating to the requesting, receiving or release of the information obtained in connection with this application.

Dated: _____ Signed: X _____ Title: _____
Dated: _____ Signed: X _____ Title: _____
Dated: _____ Signed: X _____ Title: _____