

Legal Name of Company Listed on Articles of Incorporation: \_\_\_\_\_

DBA (If Applicable): \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Company is a:  Corporation  Partnership  Proprietorship  LLC Federal Tax ID #: \_\_\_\_\_

MC Number (If Applicable): \_\_\_\_\_ DOT Number (If Applicable): \_\_\_\_\_

Date Business Started: \_\_\_\_\_ Number of Years Under Same Ownership: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Monthly Sales: \_\_\_\_\_ # of Customers: \_\_\_\_\_ Sales Terms: \_\_\_\_\_

Nature of Business/Type of Work: \_\_\_\_\_

Are there any judgments or liens filed against you, any company principles, or the corporation?  Yes  No

If yes, please explain: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

## CURRENT FINANCING

Do you have any outstanding loans or lines of credit?  Yes  No

If yes, please explain below:

Lender	Amount Outstanding	Collateral	Contact/Phone

Have you ever financed or factored any of your receivables?  Yes  No If yes, with whom? \_\_\_\_\_

Are you currently factoring?  Yes  No Current amount open: \_\_\_\_\_

Still submitting invoices:  Yes  No Please list any other types of sources of financing: \_\_\_\_\_

## BANKING INFORMATION

Name of Bank: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_ Number of Accounts: \_\_\_\_\_

Business Checking Account Number: \_\_\_\_\_ Do you maintain a separate payroll account?  Yes  No

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*If you have additional accounts at another bank*

Name of Bank: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_ Number of Accounts: \_\_\_\_\_

Business Checking Account Number: \_\_\_\_\_ Do you maintain a separate payroll account?  Yes  No

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## PROFESSIONAL REFERENCES

Name of Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Relationship: \_\_\_\_\_



## TAX INFORMATION

Do you utilize a payroll and/or PEO Service?  Yes  No If yes, please list name: \_\_\_\_\_

How often do you pay 941 Payroll Taxes:  Weekly  Monthly  Quarterly  Annually

Are your Federal/State payroll taxes current?  Yes  No If no, please list type, amount and quarters delinquent: \_\_\_\_\_

Have any tax liens been filed?  Yes  No Are you currently obligated to any Installment Agreements?  Yes  No

Are the Officers and/or Principals delinquent in any tax obligations?  Yes  No If yes, please explain: \_\_\_\_\_

## CUSTOMER INFORMATION

*Please list the five companies that you do the most business with:*

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Monthly Sales: \_\_\_\_\_

Average Invoice Amount: \_\_\_\_\_ How often are invoices submitted? \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Monthly Sales: \_\_\_\_\_

Average Invoice Amount: \_\_\_\_\_ How often are invoices submitted? \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Monthly Sales: \_\_\_\_\_

Average Invoice Amount: \_\_\_\_\_ How often are invoices submitted? \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Monthly Sales: \_\_\_\_\_

Average Invoice Amount: \_\_\_\_\_ How often are invoices submitted? \_\_\_\_\_

Do you provide any goods and/or services under any contracts or vendor agreements?  Yes  No

If yes, please list: \_\_\_\_\_

Do you provide any goods and/or services on a contra basis?  Yes  No

If yes, please list: \_\_\_\_\_



## OFFICER/PRINCIPAL INFORMATION

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_ Ownership %: \_\_\_\_\_ Have you declared bankruptcy in the past 10 years?  Yes  No

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_ Ownership %: \_\_\_\_\_ Have you declared bankruptcy in the past 10 years?  Yes  No

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_ Ownership %: \_\_\_\_\_ Have you declared bankruptcy in the past 10 years?  Yes  No

## SUPPORT DOCUMENTATION

The following additional information is needed by Momentum Capital Funding, LLC ("MCF") to determine the feasibility of extending a financing facility to your company. Please include with your completed application:

- |  |  |
|--|--|
| <input type="checkbox"/> Copy of Articles of Incorporation/Organization (showing legal business name). Please also include Amendments. | <input type="checkbox"/> Accounts Payable Summary                        |
| <input type="checkbox"/> Copy of Operating Agreement/Shareholder Agreement/Document that governs company                               | <input type="checkbox"/> Certificate of Insurance                        |
| <input type="checkbox"/> Motor Carrier Authority   | <input type="checkbox"/> A W-9 Form                                      |
| <input type="checkbox"/> Accounts Receivable Summary AND Detail  | <input type="checkbox"/> Most recent financial statements (If Available) |
|  | <input type="checkbox"/> Sample Invoice or billing form                  |

The submission of this application to Momentum Capital Funding, LLC (Momentum) indicates the Applicant's intention to enter into a financing agreement with Momentum but does not obligate Momentum to provide any such financial services, any such services to be conditioned upon credit committee approval and the execution of legal documentation. All statements made herein are true and correct in all respects to the best of the undersigned's knowledge. Momentum is authorized to obtain information regarding employment, bank accounts, and/or other credit information pertaining to the Applicant and all parties listed above from any consumer credit agency, commercial credit reporting agency, business or person. This authorization includes contacting customers to verify invoices submitted by Applicant for factoring. To secure the payment of any amounts owed to Momentum, Applicant and all individuals signing below grant Momentum a security interest in all of their current and future property (including all accounts and inventory) and authorize Momentum to file a UCC1 financing statement to perfect the security interest. Each of the undersigned represent that he/she has authority to act on behalf of the Applicant in connection with this application.

## PREPARED AND CONSENTED BY:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_