



ORGANIZATION INFORMATION

Legal Name of Company: _____
(As listed in the Articles of Incorporation)

Registered Trade Name: _____
(D.B.A. if different from legal name)

Corporate Headquarters:
Street Address: _____
City, State, Zip: _____
County: _____

Primary Contact regarding this Application: _____

Business Telephone: (____) _____ Business Fax: (____) _____

Web Address: _____ E-mail Address: _____

Years in Business: _____

Is Business a: Corporation _____ Partnership _____ LLC _____ Individual _____ Other _____

Date and State Business Established or Incorporated: _____

Type of Business?

Manufacturer: _____ Wholesaler: _____ Distributor: _____ Service: _____ Other: _____

Describe Business: _____

If business has more than one office, list all additional offices or provide attachment
with address phone and contact name: _____

Any subsidiaries, licensees, franchisees or affiliates? Yes _____ No _____

If yes, provide legal name, address, phone, fax, state of incorporation and your company's
% of ownership and type of agreement: _____

The company has never been involved in a bankruptcy or reorganization, except as follows:

There are no judgments pending by or against the company or its subsidiaries, except as follows:

The company is not aware of any pending or threatened litigation or contingent liabilities against the company or against any subsidiaries of the company, except as follows:

TAX INFORMATION

Federal Tax ID: _____

Any Federal or State taxes past due? Yes ____ No ____ If yes, have any liens been files?

Yes ____ No ____ Any levies filed? Yes ____ No ____ if yes, please provide details:

PRINCIPALS OF BUSINESS

1.) Name: _____ Title: _____ % Owned ____

Social Security #: _____ Drivers License #: _____

Home Address: _____

City, State, Zip _____

Date of Birth: _____ Phone: (____) _____

2.) Name: _____ Title: _____ % Owned ____

Social Security #: _____ Drivers License #: _____

Home Address: _____

City, State, Zip _____

Date of Birth: _____ Phone: (____) _____

3.) Name: _____ Title: _____ % Owned ____

Social Security #: _____ Drivers License #: _____

Home Address: _____

City, State, Zip _____

Date of Birth: _____ Phone: (____) _____

4.) Name: _____ Title: _____ % Owned ____

Social Security #: _____ Drivers License #: _____

Home Address: _____

City, State, Zip _____

Date of Birth: _____ Phone: (____) _____

Have any of the Principals of this Business ever filed for bankruptcy? Yes _____ No _____

If yes, please explain (Attach a separate sheet if necessary) _____

Is there litigation pending against this business or the principals? Yes: _____ No: _____

If yes, please explain (Attach a separate sheet if necessary) _____

BUSINESS CHECKING ACCOUNT

Name of Bank _____
Address _____
City, State, Zip _____
Contact: _____ Phone: (____) _____ Fax: (____) _____
Account Number _____ ABA Number: _____

BUSINESS LOANS

Financial Institution: _____
Contact: _____ Phone: (____) _____ Fax: (____) _____
Address: _____
City, State, Zip: _____
Email: _____ Web Address: _____
Account Number: _____ Date Opened: _____
What was pledged as security for loan? _____
Is there a UCC Filed? Yes: ____ No: ____ if yes, in what state and what is covered?

Are assets of company pledged to any other financial institution or individual as security?

Yes: ____ No: ____ If yes, to whom: _____

If yes, please explain: _____

BUYER INFORMATION

Company Name: _____
Email Address: _____ Web Address: _____
Contact: _____ Phone: (____) _____ Fax: (____) _____
Address _____
City, State, Zip: _____
Country: _____ City Code: _____ Country Code: _____
Have you worked with this buyer in the past: Yes ____ No ____
If yes, how many times: _____ Did you produce the same goods? Yes ____ No ____
Average size of previous orders: Quantity _____ Amount: \$ _____
Once goods are delivered and accepted, how long before buyer makes payment:

PURCHASE ORDER INFORMATION

Purchase Order Number: _____ Amount of Purchase Order: \$ _____

Is it revocable: Yes ____ No: ____ Is it modifiable: Yes ____ No ____

Date Issued: _____ Date to close/fulfill order: _____

Can you extend fulfillment date: Yes ____ No ____

Are goods being order on consignment? Yes ____ No ____

Other key terms of Purchase Order: _____

SUPPLIER INFORMATION

Supplier Company Name: _____

Email Address: _____ Web Address: _____

Contact: _____ Phone: (____) _____ Fax: (____) _____

Address _____

City, State, Zip: _____

Country: _____ City Code: _____ Country Code: _____

Have you worked with this supplier in the past: Yes ____ No ____

If yes, how many times: _____ did you purchase the same materials? Yes ____ No ____

Average size of previous order: Quantity _____ Amount: \$ _____

How much does your supplier need to produce goods? US\$ _____

What is the total cost to fill this order? US\$ _____

How does your supplier get paid? COD: _____ Letter of Credit: _____ Credit Terms: _____

Other: _____; If other, please explain: _____

If Letter of Credit or Credit Terms, please give some details: _____

How long will it take supplier to produce the goods: _____

Once goods are produced, who will inspect them: _____

Do you need to take possession of the goods: Yes ____ No ____

If yes, how long will it take you to finish the goods: _____

If yes, what do you do to the goods: _____

If yes, how long does it take to deliver goods to buyer? _____

Who is responsible for shipping goods? You _____ Supplier _____ Buyer _____

If You or Supplier, are goods fully insured? Yes ____ No ____

When are the goods inspected, by you: _____

When are the goods inspected by the buyer: _____

Additional Suppliers to fill Purchase Order

Company Name: _____

Contact: _____ Phone: (____) _____ Fax: (____) _____

Address _____

City, State, Zip: _____

Country: _____ County Code: _____ City Code: _____

If second supplier produces different goods or has different payment terms, please provide details on differences: _____

ACCOUNTS RECEIVABLE INFORMATION

Amount of open Receivables: \$ _____ Number of Invoices: _____

Number of Accounts: _____

Aging of Receivables (\$ Amount): 0-30 days: \$ _____ 31-60 days: \$ _____

61-90 days: \$ _____ 91-120 days: \$ _____ Over 120 days: \$ _____ Average: \$ _____

Total sales last 30 days: _____ Total sales last 12 months: _____

Has this business factored previously? Yes _____ No _____

If yes, with whom? _____

Is this business currently engaged in a factoring relationship? Yes _____ No _____

Name of Factoring Firm (If different from above) _____

LIST 3 LARGEST CUSTOMERS

1.) Company Name: _____ Monthly Sales: \$ _____

Contact: _____ Phone: (____) _____ Fax: (____) _____

Address _____

Email Address: _____ Web Address: _____

2.) Company Name: _____ Monthly Sales: \$ _____

Contact: _____ Phone: (____) _____ Fax: (____) _____

Address _____

Email Address: _____ Web Address: _____

3.) Company Name: _____ Monthly Sales: \$ _____

Contact: _____ Phone: (____) _____ Fax: (____) _____

Address _____

Email Address: _____ Web Address: _____

I/We certify as to the accuracy of the foregoing information as of the date hereof and we further agree to provide you with written notice of any change or amendment with respect to any of the foregoing. We acknowledged and understand that you will be relying on the

accuracy of the information provided by us in this information Certificate. By our signature below, Company authorizes NowCapital.com and all of its designees to have a credit report ordered in order to verify the accuracy of the information herein or for any other purpose relating to this transaction. I/We further authorize NowCapital.com to file a financing statement in order to complete this Application, and it is agreed and understood that NowCapital.com and its designees will terminate any financing statement in the event that a transaction is not entered into between Applicant and Factor.

Date_____

**Signature of President or
Other Officer/Principal**

Date_____

Additional Principal

DOCUMENTATION CHECK LIST

In order to more efficiently expedite your application please enclose the following with this application:

Business

- 1. Copy of Business Plan (if available)**
- 2. Copy of Articles of Inc. or State Registration (if not Inc.)**
- 3. Copy of D./B./A. Filing (Fictitious name)**
- 4. Copy of Partnership Agreement**
- 5. Copy of Occupational License (s)**
- 6. Copy of Financial Statements for most recent quarter & year**
- 7. Copy of 941 Withholding Tax and Proof of Payment**
- 8. Copy of Business Tax Returns for last 2 years**
- 9. Copy Of Buyers Credit Reports if on file**
- 10. Sample Invoice with copies of supporting documents used**

Principals

- 1. Copies of Drivers License**
- 2. Copies of Personal Tax Returns For last 2 years**

Purchase Order

- 1. Copy of Purchase Order**
- 2. Copy of Shipping Documentation**
- 3. Copy of insurance covering goods (if available)**

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