



CLIENT APPLICATION

Please note that all information provided will remain confidential and will not be disclosed to any third party.

GENERAL

COMPANY LEGAL NAME _____
COMPANY ADDRESS _____
CITY/STATE/ZIP _____ COUNTY _____
TELEPHONE _____ FAX _____
CONTACT PERSON _____ TITLE _____
CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETORSHIP _____
STATE OF INCORPORATION/ORGANIZATION _____
FEDERAL ID#/TAX ID _____ BANK _____
WEB SITE _____ EMAIL ADDRESS _____
TYPE OF BUSINESS _____ YEARS IN BUSINESS _____
BANK _____ OFFICER _____

ACCOUNTS RECEIVABLE

REVENUE LAST 12 MONTHS _____ MONTHLY SALES _____
CURRENT ACCOUNTS RECEIVABLE BALANCE _____
VOLUME EXPECTED TO BE FACTORED (MONTHLY) _____
AVERAGE INVOICE VALUE _____ CREDIT TERMS _____
CUSTOMERS TO BE FACTORED:
NAME _____ % OF SALES _____
NAME _____ % OF SALES _____
NAME _____ % OF SALES _____



OWNERSHIP

LIST ALL OWNERS, PARTNERS, OFFICERS, ETC.,

NAME _____ TITLE _____

HOME TELEPHONE _____ DATE OF BIRTH _____

HOME ADDRESS _____

SOCIAL SECURITY NO. _____ % EQUITY/NO. OF SHARES _____

DRIVERS LICENSE NO. _____ STATE _____

NAME _____ TITLE _____

HOME TELEPHONE _____ DATE OF BIRTH _____

HOME ADDRESS _____

SOCIAL SECURITY NO. _____ % EQUITY/NO. OF SHARES _____

DRIVERS LICENSE NO. _____ STATE _____

NAME _____ TITLE _____

HOME TELEPHONE _____ DATE OF BIRTH _____

HOME ADDRESS _____

SOCIAL SECURITY NO. _____ % EQUITY/NO. OF SHARES _____

DRIVERS LICENSE NO. _____ STATE _____

NAME _____ TITLE _____

HOME TELEPHONE _____ DATE OF BIRTH _____

HOME ADDRESS _____

SOCIAL SECURITY NO. _____ % EQUITY/NO. OF SHARES _____

DRIVERS LICENSE NO. _____ STATE _____



OTHER

SECURED CREDITORS (UCC FILINGS, TAX LIENS, ETC.), IF ANY _____

GIVE DETAILS OF ANY CONTINGENT LIABILITIES, SUCH AS STAND BY LETTERS OF CREDIT, LAWSUITS, OR JUDGMENTS PENDING.

HAVE YOUR INCOME TAX RETURNS EVER BEEN QUESTIONED BY ANY GOVERNMENTAL AGENCIES?

TAXES DUE OR PAST DUE (IF ANY)

HAVE YOU EVER FILED FOR BANKRUPTCY PROTECTION? IF "YES", GIVE DETAILS.

By submitting this application, the person(s) listed above agree to the following:

The statements contained herein and the documents attached hereto are true and accurate to the best of my (our) knowledge and belief. We authorize PF Funding, LLC to obtain information regarding employment, bank accounts, and/or outstanding credit and to file the appropriate UCC Financing Statements. We authorize any consumer or commercial credit reporting agency, business or person to provide any such information regarding us or our business as may be necessary in consideration of this application. This authorization will be valid for two (2) years from the date below. A photocopy of this authorization will be as valid as the original.

PRINCIPAL _____
PRINT NAME:

DATE _____

PRINCIPAL _____
PRINT NAME:

DATE _____

PRINCIPAL _____
PRINT NAME:

DATE _____