



Application for Factoring and Security Agreement

(This application alone does not constitute an offer, acceptance or agreement of any kind.)

Company Information

Application Date: _____
Company Name: _____
Street Address: _____
City, State Zip: _____
Postal Address: _____
City, State Zip: _____
Telephone: _____ Fax: _____
Mobile: _____ Email: _____
Business Description & Date Est: _____
Form of Business: Sole Proprietor _____ Partnership _____ Corporation _____ LLC _____
State of Incorporation: _____ County of Incorporation: _____
Date of Current Ownership: _____ Other States of operation: _____
Does this company operate under a D/B/A?: Yes _____ No _____ If yes, list: _____
Previous business names within the last five years: _____

Officer # 1

Name: _____ Title: _____ % Ownership: _____
Social Security #: _____ DOB: _____ Drivers Lic. No. & State: _____
Home Address: _____
City: _____, State: _____ Zip: _____ County: _____
Telephone: _____ Mobile: _____
Spouse: _____ Social Security #: _____ DOB: _____

Officer # 2

Name: _____ Title: _____ % Ownership: _____
Social Security #: _____ DOB: _____ Drivers Lic. No. & State: _____
Home Address: _____
City: _____, State: _____ Zip: _____ County: _____
Telephone: _____ Mobile: _____
Spouse: _____ Social Security #: _____ DOB: _____

Please attach information on any additional officers or owners.

Banking Information

Business Bank or S/L Name: _____ Date Opened: _____
Address: _____ Account #: _____
City: _____, State: _____ Zip: _____ County: _____
Contact Name: _____ Telephone: _____

Support Information

Accountant: _____ Telephone: _____
Address: _____
City: _____, State: _____ Zip: _____

Tax Information

Federal Tax #: _____ # of employees: _____
Is there a payroll service?: Yes _____ No _____ If yes, whom? _____
How often are payroll taxes filed: Weekly _____ Monthly _____ Quarterly _____
Are any taxes past due?: Yes _____ No _____ If yes, how much is owing to whom? _____

Are there any tax liens, judgments or suits pending against the company? Yes _____ No _____
If yes, explain: _____

Accounts Receivable Information

Annual sales: \$ _____ Outstanding invoices: \$ _____
Anticipated monthly factoring: \$ _____ # of customers: _____
Average invoice size: \$ _____ Average days outstanding: _____
Has the company factored previously: Yes _____ No _____ If yes, with whom: _____
Are there any bank loans, lines of credit, or leases to the company?: Yes _____ No _____
Are the receivables or other assets pledged as collateral for any financing?: Yes _____ No _____
Are there any pending or threatened lawsuits, claims or demands involving the company or principals?: Yes _____ No _____
Has the company or principals ever filed for protection under bankruptcy laws?: Yes _____ No _____

I hereby attest that the information provided is accurate in all material respects and I authorize MP Star to make any uniform commercial code filings necessary. In addition, I understand that investigative background inquiries are to be made concerning the company and the officers of the company including consumer reports, investigative consumer reports, criminal, driving and other reports. These reports may include information as to the character, credit worthiness and general reputation of the company and its officers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning past activities relating to driving, credit, criminal, civil and other experiences as well as claims involving the company and officers from the files of insurance companies. I authorize, without reservation, any party or agency contacted by MP Star or its agent to furnish the above mentioned information:

Officer # 1: _____ Officer # 2: _____

Please fax completed form to MP Star Financial, Inc. (440) 542-7977

In order to complete and execute contracts, please submit the following:

	Submitted
1. Completed Application	()
2. Articles of Incorporation	()
3. A list of customer contacts, addresses, telephone and fax numbers	()
4. 2 years of financial statements <u>or</u> 2 years of federal tax returns	()
5. Accounts Receivable Aging Report	()
6. Accounts Payable Aging Report	()
7. Proof of Workman's Compensation or Worker Insurance	()
8. Previous four Federal Payroll Tax Filings (Form 941 & 940)	()