

CFIC Funding, Inc.

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Application for Line of Credit Programs

Please provide the following:

- Credit application
- A detailed accounts receivable aging report of all current customers
- Customer list including complete addresses & telephone numbers
- Accounts payable aging report
- Financial statements (prior year and current year to date)
- Tax returns (most recent)
- Bank Statements (last 3 months from all business accounts)
- Articles of Incorporation, Partnership Agreement or Articles of Organization
- Copy of owner's drivers license or passport
- Sample open invoice with accompanying purchase/service order, contract and proof of delivery/completion
- Company Brochures

1. Legal name of company (as shown on the Articles of Incorporation or Partnership Agreement)

Address _____

City _____ State _____ Zip Code _____ County _____

Phone Number () _____ Fax Number () _____

Contact/Position _____ Email: _____

2. Your business is a: Proprietorship Partnership Corporation Other

3. How long have you been in business? _____ Federal I.D. # _____ - _____

4. Describe your business _____

5. What is your average monthly billing? _____

6. How much of your average monthly billing do you wish to factor? _____

7. What is the average size of your invoices? _____ Largest _____ Smallest _____

8. Are any or your receivables progress billings? (In other words, do you bill in "as-completed" phases for larger products?) Yes No

9. List most important major customers (customers are not contacted at this time):

Company Name

Street Address, City, State and Phone Number

1) _____

2) _____

3) _____

4) _____

5) _____

10. Do you have any outstanding loans? Yes No

If "Yes": Name of Institution(s) _____ Loan Amount and Terms _____

11. Are your receivables currently pledged as collateral? Yes No

12. Name of Institution(s) _____ Loan Amount and Terms _____

13. Are your federal, state, and payroll taxes current? Yes No

If not, please list amounts owed and what for:

Federal balance owed _____ State balance owed _____

Any liens placed? Yes No

Do you have a payment plan? Yes No Monthly payment _____

Are you currently involved in any type of litigation or lawsuit Yes No

If yes, please describe _____

14. Company's Attorney _____ Phone Number () _____

15. Company's Accountant _____ Phone Number () _____

16. Company Bank _____ Contact Name _____ Phone Number _____

17. Have you previously financed/factored your accounts receivable? Yes No

18. If yes, what is the name of the previous finance company? _____

I attest that the statements in this application for financing are true and correct to the best of my knowledge. I authorize CFIC Funding, Inc. and/or any of their lending affiliates to verify any or all of these statements in any way it may choose and the right to procure all credit reports of the principals of the applicant company.

Prepared and Consented By:

Signature _____

Print Name _____

Title _____

Date _____