

GENERAL INFORMATION				
APPLICANT / LEGAL BUSINESS NAME		TYPE OF ENTITY	PHONE	FAX
STREET ADDRESS		CITY	STATE	ZIP
TYPE OF BUSINESS (PRODUCTS/SERVICES)		COUNTY LOCATION		STATE OF INCORPORATION
DATE BUSINESS STARTED	FEDERAL TAX I.D. (EIN #)	DUNS #	M.C. # (TRUCKING ONLY)	

ACCOUNTS RECEIVABLE INFORMATION				
TOTAL OPEN A/R	0-30 DAYS OLD	31-60 DAYS OLD	61-90 DAYS OLD	91 DAYS OLD OR MORE
\$	\$	\$	\$	\$
TOP 6 DEBTORS				
Debtor Name	Total A/R	Over 90 days	Debtor Name	Total A/R
1.	\$	\$	4.	\$
2.	\$	\$	5.	\$
3.	\$	\$	6.	\$
AVG. MONTHLY SALES		AVG. INVOICE VALUE (approx.)		AVG. NO OF INVOICES MONTHLY
\$		\$		
TOTAL NO. OF CUSTOMERS		AVG. NO OF CUST'RS SOLD TO MONTHLY		STANDARD TERMS OF SALE
SALES GENERATED THRU (Check all that apply)			WHEN DO YOU RAISE INVOICE?	
<input type="checkbox"/> Purchase Order <input type="checkbox"/> Contract <input type="checkbox"/> Other			<input type="checkbox"/> When Shipped <input type="checkbox"/> When Delivered (inc Service) <input type="checkbox"/> Progress	
FACILITY REQUIRED		CHARGE OFF PERCENTAGE LAST 12 MTHS	AVG NO. OF DAYS TO COLLECT	
\$		%		

ACCOUNTS PAYABLE INFORMATION				
TOTAL OPEN A/P	0-30 DAYS OLD	31-60 DAYS OLD	61-90 DAYS OLD	91 DAYS OLD OR MORE
\$	\$	\$	\$	\$

FURTHER BACKGROUND	
Are there any commercial loans outstanding?	<input type="checkbox"/> No <input type="checkbox"/> Yes Details:
Has the company previously factored or pledged it's a/r as collateral?	<input type="checkbox"/> No <input type="checkbox"/> Yes Details:
Are there any delinquent taxes (Federal, State or Payroll)?	<input type="checkbox"/> No <input type="checkbox"/> Yes Details:
Has any of the company Owners / Officers been convicted of a felony?	<input type="checkbox"/> No <input type="checkbox"/> Yes Details:
Has the company or any of its Owners/Officers ever filed for bankruptcy?	<input type="checkbox"/> No <input type="checkbox"/> Yes Details:
Has the company ever operated under a different name?	<input type="checkbox"/> No <input type="checkbox"/> Yes Details:

OWNERSHIP INFORMATION					
OFFICER / OWNER NAME		TITLE	% OWNERSHIP	SOCIAL SECURITY NUMBER	
ADDRESS		CITY	STATE	ZIP	HOME TEL. #
DATE OF BIRTH					
OFFICER / OWNER NAME		TITLE	% OWNERSHIP	SOCIAL SECURITY NUMBER	
ADDRESS		CITY	STATE	ZIP	HOME TEL. #
DATE OF BIRTH					
OFFICER / OWNER NAME		TITLE	% OWNERSHIP	SOCIAL SECURITY NUMBER	
ADDRESS		CITY	STATE	ZIP	HOME TEL. #
DATE OF BIRTH					

AUTHORIZATION SIGNATURES OF EACH OWNER / APPLICANT			
<p>Each of the undersigned owner(s) submit this application for a financing facility on behalf of the applicant business. Each of the undersigned certify that there are no misrepresentations in this application or in any documents submitted in connection therewith, that all such information and documentation submitted is true, complete and accurate and does not omit any material information. The undersigned each agree that any funds made available pursuant to a financing facility will be used only for the applicant's working capital and not for any illegal purpose. By each undersigned's signature below, Republic Business Credit, LLC ("RBC") is hereby authorized to obtain (i) a consumer credit report through a credit agency chosen by RBC for purposes of RBC's due diligence as part of the credit approval process of the financing facility for the applicant; and (ii) information from any third party and to make any other investigation of credit, either directly or indirectly through any agent of RBC on applicant and/or each of the undersigned. Each of the undersigned grants permission for the release and/or disclosure of financial information to a credit reporting agency or other third party as to RBC's experience or transactions with applicant and/or the undersigned. Each of the undersigned understands that RBC will retain and rely on this application and any other credit or financial information RBC receives, even if a financing facility is not approved. These representations and authorizations and the documents submitted in connection with or related to this application and any potential facility may be relied on by RBC, any insurer of credit and any third party to whom RBC may sell / assign all or part of a financing facility. The undersigned each further authorize RBC to provide and/or disclosure to any such insurer or third party any information and documentation that such party may request with respect to the application or facility. If an adverse decision is made, in whole or in part, due to the information on a consumer report, a summary of the respective undersigned's rights under the Fair Credit Reporting Act and the source of the information will be provided by RBC.</p>			
SIGNATURE	NAME	TITLE	DATE
SIGNATURE	NAME	TITLE	DATE
SIGNATURE	NAME	TITLE	DATE

SUPPORTING DOCUMENTATION (please include the following with your application)	
<input type="checkbox"/> CURRENT ACCOUNTS RECEIVABLE AGING -Detailed/Invoice Level	<input type="checkbox"/> COMPANY FINANCIAL STATEMENT – LAST 2 YEARS & INTERIM
<input type="checkbox"/> CURRENT ACCOUNTS PAYABLE AGING	<input type="checkbox"/> PERSONAL FINANCIAL STATEMENT FOR EACH OWNER
<input type="checkbox"/> MASTER CUSTOMER LIST WITH CONTACT DETAILS	<input type="checkbox"/> ARTICLES OF INCORPORATION
<input type="checkbox"/> SAMPLE OF 3 INVOICES WITH SUPPORTING DOCUMENTATION (i.e. CONTRACTS, PURCHASE ORDERS, TIME SHEETS, POD's)	<input type="checkbox"/> COPY OF ID FOR EACH OWNER (DRIVERS LICENSE /PASSPORT)
	<input type="checkbox"/> COMPANY BROCHURES / LITERATURE