

MORRELL CAPITAL LLC

FACTORING / FINANCIAL SERVICES

Post Office Box 22114, Houston, Texas 77227

Telephone: (713) 807-0170 Facsimile (713) 807-0819

Contact Information:

Legal Name: _____ DBA: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax (____) _____ (_ one:) Corporation Partnership Sole Prop.

Type of Business: _____ Years in Business: _____

Principals:

Officer/Owner: _____ Title: _____ % Ownership: _____

Address: _____ Soc/Sec: _____

Officer/Owner: _____ Title: _____ % Ownership: _____

Address: _____ Soc/Sec: _____

Bank References:

Bank Name: _____ Account Number: _____

Contact: _____ Phone: (____) _____ Loans? (_ one:) Yes No

Trade References:

Name: _____ Phone: (____) _____ Account No.: _____

Name: _____ Phone: (____) _____ Account No.: _____

Name: _____ Phone: (____) _____ Account No.: _____

Customer References:

Name: _____ Phone: (____) _____ Contact: _____

Name: _____ Phone: (____) _____ Contact: _____

Accountant:

Name: _____ Phone: (____) _____ Contact: _____

Factor Reference: (if applicable)

Name: _____ Phone: (____) _____ Contact: _____

Dollar Range of Invoices: \$ _____ Anticipated Monthly Volume: \$ _____

Other Information:

Ever Filed Bankruptcy? (_ one:) Yes No If Yes, Business Personal Date: _____

Current on 941 Employee Taxes? (_ one:) Yes No If No, Amount Due: \$ _____

I understand that this is not an application for credit. The intent of this profile is for Morrell Capital LLC to determine whether a relationship between our two companies would be mutually beneficial. I authorize Morrell Capital LLC to investigate the information I have supplied on this profile and to obtain a personal credit report on the individuals signing below for the purpose of evaluating the creditworthiness of said individuals and the business named above in connection with this evaluation of business credit.

Name Title Date

Name Title Date