

APPLICATION TO ENTER INTO ACCOUNTS RECEIVABLE SECURITY AGREEMENT

COMPANY INFORMATION

BUSINESS NAME: _____
As listed on Articles of Incorporation or Partnership Agreement

Telephone _____ Fax _____ Cell Phone _____

Proprietorship _____ Partnership _____ Corporation _____ LLC _____

If a corporation, in what state incorporated? _____

Doing business under other name _____

Street Address _____

City _____ County _____ State _____ Zip _____ Date Established _____

If doing business at more than one place, list all additional addresses (list on attachment, if necessary) _____

E-mail Address: _____ Web Address: _____

TYPE OF BUSINESS

Manufacturer _____ Wholesaler _____ Distributor _____ Service _____ Line of Business _____

Describe Business: _____

PREVIOUS BUSINESS NAME(S) used within the past five (5) years _____

Any subsidiaries or affiliates of business? _____ No _____ Yes If yes, explain _____

Has there been a change of ownership in last 12 months? _____ No _____ Yes If yes, explain _____

Has there ever been a change of business name? _____ No _____ Yes If yes, explain _____

Is the company now or has it ever been in bankruptcy? _____ No _____ Yes If yes, explain _____

TAX INFORMATION

FEDERAL TAX ID _____

Do you have any Federal or State taxes past due, including but not limited to withholding taxes? ____ Yes ____ No

If yes, has any lien been filed? ____ Yes ____ No Any levies filed? ____ Yes ____ No

If yes, please list: TYPE: _____ QUARTER/YEAR _____ AMOUNT \$ _____

Federal \$ _____ Agent Name _____ Phone _____

State \$ _____ Agent Name _____ Phone _____

Local \$ _____ Agent Name _____ Phone _____

Do you have any payment plans in place? ____ Yes ____ No

PRINCIPALS

Title _____ Name _____ Home Phone _____

President, Sole
Proprietor, or
Senior Partner Home Street Address _____
City, State, Zip _____

% Owned _____ Social Security No. _____ Date of Birth _____
Driver's License No. _____

Title _____ Name _____ Home Phone _____

President, Sole
Proprietor, or
Senior Partner Home Street Address _____
City, State, Zip _____

% Owned _____ Social Security No. _____ Date of Birth _____
Driver's License No. _____

Title _____ Name _____ Home Phone _____

President, Sole
Proprietor, or
Senior Partner Home Street Address _____
City, State, Zip _____

% Owned _____ Social Security No. _____ Date of Birth _____
Driver's License No. _____

Title _____ Name _____ Home Phone _____

President, Sole
Proprietor, or
Senior Partner Home Street Address _____
City, State, Zip _____

% Owned _____ Social Security No. _____ Date of Birth _____
Driver's License No. _____

REFERENCES

ACCOUNTANT _____ Firm _____ Phone _____

Street Address., City, State, Zip _____

Regular Financial Statements Prepared? _____ How often? _____ Prepared last? _____

ATTORNEY _____ Firm _____ Phone _____

Street Address, City, State, Zip _____

Any lawsuits pending? _____ No _____ Yes If yes, explain _____

Any judgments? _____ No _____ Yes If yes, explain _____

Do you have any past bankruptcies? _____ No _____ Yes If yes, when _____

BANK _____ Account Officer _____ Phone _____

Account Number _____ City & State _____

ACCOUNTS RECEIVABLE INFORMATION

Receivable amount open as of _____ \$ _____ No. of Accounts _____ Terms of Sale _____

Aging: Current: _____ 31-60 _____ 61-90 _____ 91-120 _____ Over 120 _____

Total sales last 30 days: _____ Total sales last 12 months: _____

Five (5) Largest Customers by Sales Volume	Address	Phone, Fax Contact	Monthly Average Sales	Inv. Size

Amount you intend to factor on a monthly basis \$ _____ Where are remittances mailed? _____

Have receivables been financed or factored before? _____ No _____ Yes If yes, explain _____

Are receivables currently financed or factored? _____ No _____ Yes If yes, with whom? _____

Amount of credit losses last three (3) years: \$ _____

What is your average monthly billing? _____

What is average size invoice? \$ _____ Largest \$ _____ Smallest \$ _____

Are any of your receivables Progress Billing? _____ Yes _____ No

Do you fill in "as completed" for larger products? _____ Yes _____ No

Do you have Contra Accounts? (Do you buy and sell from the same account?) _____ Yes _____ No

If yes, explain _____

Do you have any Guaranteed Sales? _____ Yes _____ No

Do you have any active UCC Filings on your receivables? (Are your receivables pledged as collateral?)

Yes _____ No _____ If yes, with whom _____

Do you have any outstanding business loans? _____ Yes _____ No

If yes, with whom _____

Loan Amount \$ _____ Term _____

Do you have any other company assets pledged as collateral (inventory, buildings)? _____ Yes _____ No

If yes, with whom _____

PRINCIPAL SUPPLIERS

<u>Name of Supplier</u>	<u>Product Supplied</u>	<u>Contact</u>	<u>Phone Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant understands that J&D Financial Corporation intends to rely on the foregoing information in determining whether to enter into a factoring program, and applicant authorizes J&D Financial to do so. Applicant also understands that the foregoing information may be incorporated by reference into an agreement between Applicant and J&D Financial and any failure of Applicant to disclose truly, completely and correctly the information requested may constitute a breach of any such agreement. Applicant understands further that J&D Financial has not, by requesting the completion of or accepting this application form, committed to make or implied an intention or commitment to enter into a factoring program with Applicant. Applicant acknowledges that he has retained a copy of this Applicant. "Applicant" hereby authorizes J&D Financial Corporation (officer, employee, or other representative thereof) to visit and inspect any properties of Applicant; to discuss Applicant and its affairs, finances, and accounts with, and be advised as to the same by Applicant's officers, employees, and independent public accountant; all to such reasonable extent as J&D Financial Corporation may desire, and all on the condition that J&D Financial seeks such information in good faith in connection with the within factoring application.

Applicant hereby authorizes its suppliers, customers, lenders, accountants, principals, officers, and attorneys to provide J&D Financial Corporation (and any officer, employee, or representative thereof) such information about Applicant and its affairs, finances, and accounts as J&D Financial Corporation may request. Applicant also authorizes each such person and firm to accept a copy of this Authorization as if it were an original.

Date: _____ Applicant: _____

By: _____

Its: _____

ADDENDUM TO CREDIT APPLICATION

The undersigned individual(s) who is/are either a principal(s) of the credit application or a sole proprietorship of the credit applicant, recognizing that his other individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by J&D Financial Corporation, from time to time as may be needed in the credit evaluation.

Date: _____

CHECKLIST

(Please enclose with application)

- 1. Corporate or personal tax returns (2 years)
- 2. Corporate or personal financial statements (2 years)
- 3. Articles of Incorporation (if corporation)
- 4. Partnership Agreement (if partnership)
- 5. Current aging of accounts receivables
- 6. Current aging of accounts payable
- 7. Copies of any UCC Filings if you presently have assigned your accounts receivable to another secured party.
- 8. Please enclose a check in the amount of \$500 payable to J&D Financial Corporation.
 - These monies are for the following:
 - A. Documentation
 - B. Checking Credit
 - C. UCC Searches & Filings at local and state levels.

In some situations we may require an additional due diligence fee. If this is needed, it will be discussed prior to document signing.

J&D Financial Corporation
12747 Biscayne Boulevard
North Miami, Florida 33181
Phone: 305.893.0300
Fax: 305.891.2338

