

COMPANY INFORMATION

Legal Company Name: _____ State of Incorporation: _____ Years in Business: _____

Primary Contact Regarding this Application: _____ Title: _____

Business Phone (direct): _____ Business Phone (main): _____

Cell Phone: _____ Fax: _____ Email: _____

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

Business Type: Corporation Partnership LLC Individual Other Federal ID #: _____

State Incorporation Number (State ID #): _____

Describe Your Business: _____

Has Company Ever Filed for Bankruptcy? Yes No Are There any Judgments Pending Against the Company? Yes No

Is There Any Pending or Threatened Litigation Against the Company? Yes No

Federal or State Taxes Past Due? Yes No If Yes, Amount? _____ Year(s)? _____ Tax Lien Filed? Yes No

Are Accounts Receivable Pledged as Collateral? Yes No Is the Company Bonded? Yes No

How Did You Hear About Us?: _____

PRINCIPALS OF BUSINESS

If there are more than two principals, please list any additional persons on a separate sheet and include with completed application.

Name: _____ Title: _____ % Owned _____

Social Security #: _____ Drivers License # _____ State: _____ Place of Birth: _____

Home Address: _____ City, State, Zip _____

Home Phone: _____ Cell Phone: _____ Email: _____

Name: _____ Title: _____ % Owned _____

Social Security #: _____ Drivers License # _____ State: _____ Place of Birth: _____

Home Address: _____ City, State, Zip _____

Home Phone: _____ Cell Phone: _____ Email: _____

Have Any of the Principals of This Business Ever Filed for Bankruptcy? Yes No

Is There Litigation Pending Against the Principals? Yes No

Any Federal or State Taxes Past Due? Yes No If Yes, Amount? _____ Year(s)? _____

ACCOUNTS RECEIVABLE INFORMATION

Aging of Receivables (\$ Amount): 0-30 days: \$ _____ 61-90 days: \$ _____
 31-60 days: \$ _____ Over 90 days: \$ _____

Is business currently or has it previously factored its receivables? Yes No With whom? _____

Average monthly amount company wants to factor: \$ _____

PROFESSIONAL SERVICES INFORMATION

| | | |
|------------|-------------|-----------|
| Bank Name: | Accountant: | Attorney: |
| Contact: | Contact: | Contact: |
| Phone: | Phone: | Phone: |
| Email: | Email: | Email: |

3 LARGEST ACCOUNTS YOU EXPECT TO FACTOR (Accounts are not contacted at this time.)

| | | |
|---------------------------|---------------------------|---------------------------|
| Company Name: | Company Name: | Company Name: |
| Monthly Sales: | Monthly Sales: | Monthly Sales: |
| Desired Amount of Credit: | Desired Amount of Credit: | Desired Amount of Credit: |
| Terms: | Terms: | Terms: |
| Address: | Address: | Address: |
| Phone: | Phone: | Phone: |

Applicant(s) authorizes MDR HOLDINGS as well as affiliates and business partners of MDR HOLDINGS (involved in securing credit/lease financing) to carry out a complete credit investigation including consumer and or business credit files of applicant and the principals as MDR HOLDINGS and its partners deem necessary to process this application.

Print Name

Signature

Date

Print Name

Signature

Date