

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. _____

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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 \$400 payable to J&D Financial Corporation if your company is headquartered in Florida. If company is located outside the state of Florida, please send a check in the amount of \$500.
 - 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
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