

Factoring Application

Please complete and return via fax to (870) 451-8154 or email info@constructionfinance.com.

To assist Construction Finance LLC ("CFL") in its evaluation of whether to acquire Invoices issued by applicant ("Company"), we represent and warrant to you, the following information about the Company, its organizational structure, and other matters of interest to you.

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)? _____

UNDERWRITING CHECKLIST

Have you ever had liquidated damages imposed upon you or any of your companies? Yes No

If Yes:

Name(s) of the parties that imposed the liquidated damages: _____

Name(s) and location of the project: _____

Basis for the liquidated damages and whether you believe the liquidated damages was wrongful:

Do you have an active construction-related license? Yes No

If Yes:

The states or municipalities that issued the license: _____

The period in which the license is active: _____

Have you ever been disciplined or your license revoked by any governmental entity? Yes No

Do you use a payroll service? Yes No

If Yes:

Name of the payroll service: _____ Contact Person: _____

Address of the payroll service: _____ City, State, Zip _____

The period of time that you have used this payroll service: _____

Notices to Owner

What is your policy and procedure for sending Notices to Owner on a new project? _____

Do you prepare the Notice to Owner in-house or do you use an outside service? In-House Outside Service

The person in your office for making sure a Notice to Owner was sent: _____

Payment or Performance Bonds

Have you ever obtained a bond for a construction project? Yes No

If Yes:

The name of the bonding company: _____

Is the bond is still active? Yes No

Has any other person or entity ever made a claim against the bond? Yes No

For the project that you wish to factor receivables, have you obtained a payment or performance bond? Yes No

If Yes:

The name of the bonding company: _____

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:

ADDITIONAL DOCUMENTATION REQUIRED (if possible)

- IRS EIN Assignment Letter (or call IRS at 800-829-0115 to fax to us)
- Copy of Current Professional License
- Profit & Loss and Balance Sheet
- Business Tax Returns (last two years, first two pages)
- Copy of Certificate of Incorporation, Partnership Agreement, or LLC Agreement
- Accounts Receivable Aging and Accounts Payable Aging
- Business Bank Statements (last three months)
- Copy of Driver's License for All Owners
- Copy of Invoices to be factored
- Copy of Signed Contract Corresponding with Invoice to be factored
- Proof of Insurance (Liability, Workers Compensation)

I/We certify as to the accuracy of the information provide and understand that you will be relying on the accuracy of this information when evaluating our Company's Application. By submitting this Application either by FAX or electronically, Company and individual(s) authorizes CFL to use any credit bureau or business to verify any information that is provided or needed in underwriting.

Signature: _____ Date: _____ Signature: _____ Date: _____

Print Name: _____ Title: _____ Print Name: _____ Title: _____