



Client Application

General Information

Legal Company Name: _____
 Other Trade Names and DBAs: _____
 Prior Business Names Used and Associated Businesses (Past 3 Years): _____

Contact Name: _____ Title: _____ Phone: _____ E-mail: _____
 Business Address: _____ City: _____ State: _____ Zip: _____

Corporation LLC Individual Partnership Formed In Which State? _____ Date Formed: _____
 Web Address: _____ Fed. Tax ID #: _____

About Your Business

Briefly Describe Your Business and Growth Plans: _____

Years in Business: _____ Number of Full Time Employees: _____ Number of W9 Employees: _____
 Check All That Apply: Back Taxes Judgements & Liens Lawsuits Criminal Convictions
 If Yes, Explain: _____

About Your Accounts Receivable

Receivables Balance: Current: \$ _____ 1-30 Days: \$ _____ 31-60 Days: \$ _____ 60+ Days: \$ _____ Total: \$ _____
 Prior Year Revenue: \$ _____ Your Average Invoice Amount: \$ _____
 Amount You Intend to Factor Monthly: \$ _____ How Soon Do You Need to Start Factoring? _____
 Have You or Any Principal Ever Factored or Borrowed Against Your Receivables? No Yes With Whom? _____
 Do You Currently Have Any Liens On Your Account Receivable? No Yes By Whom? _____

I/we hereby attest that all information herein, whether provided virtually or in writing is true and correct to the best of my/our knowledge, and is given to induce BofI Federal Bank to consider entering into a factoring or lending relationship with Applicants. I/We do hereby authorize BofI Federal Bank or its agents/affiliates to (1) verify and investigate at any time the information provided, including the acquisition of consumer and other credit reports and (2) file a Form UCC-1 Financing Statement granting BofI Federal Bank a security interest in an Assets including Accounts of the Applicants. A photocopy or facsimile of this authorization will be valid as the original.

Ownership: Please Account For 100%

| | OWNER #1 | OWNER #2 | OWNER #3 |
|-------------------|-------------|-------------|-------------|
| OWNER NAME: | | | |
| TITLE: | | | |
| HOME ADDRESS: | | | |
| CITY, STATE, ZIP: | | | |
| CELL PHONE: | | | |
| SOCIAL SECURITY # | | | |
| DATE OF BIRTH: | | | |
| % OWNED: | | | |
| SIGNATURE | Sign: _____ | Sign: _____ | Sign: _____ |
| | Date: _____ | Date: _____ | Date: _____ |

IMPORTANT - TO EXPEDITE PROCESSING, PLEASE PROVIDE THESE DOCUMENTS WITH YOUR COMPLETED PROFILE

1. Accounts Receivable Aging Report
2. 1F LLC: Articles of Organization / IFA Corp: Articles of Association
3. Sample Invoice with Backup Documentation
4. 6 Months of Bank Statements From Main Business Checking Account
5. Copy of Each Owner's Driver's License (Photo By E-mail Preferred)
6. Customer List - Fill Out Attachment
7. Last 2 Year-End Financial Statements and Latest Interim Financial Statements or Tax Returns

SEND TO:

For a no obligation quote, please e-mail profile with required documents:
 E-mail: Daniel@nationwidelendingdirect.com