

# NCF

## NEW CAPITAL FUNDING CORPORATION

### Application Form

1. Legal Name: \_\_\_\_\_
2. Trade Name & Phone Number: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
3. Email Address: \_\_\_\_\_; Cell Number: \_\_\_\_\_ Fax \_\_\_\_\_
4. Current Street Address: \_\_\_\_\_
5. City: \_\_\_\_\_ 5. County: \_\_\_\_\_ 6. State: \_\_\_\_\_ 7. Zip: \_\_\_\_\_
8. Previous Street Address (if at above address less than 5 years):  
\_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

9. List complete name of any affiliate, subsidiary, holding or parent company: \_\_\_\_\_

10. Date business established: Month/\_\_\_\_\_, Day/\_\_\_\_\_, Year/\_\_\_\_\_

11. Date of Incorporation: Month/\_\_\_\_\_, Day/\_\_\_\_\_, Year/\_\_\_\_\_

12. State of Incorporation: \_\_\_\_\_

13. Does company own real property? ? Yes ? No

14. If doing business in more than one place, list additional addresses:

a. Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

b. Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

c. Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Principals

15. **President, Sole Proprietor, or Senior Partner**  
Name: \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
Home Address: \_\_\_\_\_ Own ? Rent ?  
City, State, Zip: \_\_\_\_\_  
Home Phone #: (\_\_\_\_) \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
% Owned \_\_\_\_\_ Fax # \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Email Address \_\_\_\_\_

**16.** Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_  
**Secretary or** Home Address: \_\_\_\_\_ Own ? Rent ?  
**Other Partner** City, State, Zip: \_\_\_\_\_  
**% Owned** \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**17.** Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_  
**Other Officer,** Home Address: \_\_\_\_\_ Own ? Rent ?  
**Shareholder, or** City, State, Zip: \_\_\_\_\_  
**Partner** Home Phone #: (\_\_\_\_) \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
**% Owned** \_\_\_\_\_

**18.** Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_  
**Other Officer,** Home Address: \_\_\_\_\_ Own ? Rent ?  
**Shareholder, or** City, State, Zip: \_\_\_\_\_  
**Partner** Home Phone #: (\_\_\_\_) \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
**% Owned** \_\_\_\_\_

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## Support Information

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**19. Name of Accountant:** \_\_\_\_\_ Firm: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**20. Name of Attorney:** \_\_\_\_\_ Firm: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**21. Name of Insurance Agent:** \_\_\_\_\_ Firm: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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## Tax Information

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**22.** Federal ID Number: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

**23.** How often do you file 941 Payroll Taxes? ? Weekly ? Monthly ? Quarterly ? Yearly

**24.** Do you have any Federal or State Taxes past due? ? Yes ? No

If YES, has lien been filed? ? Yes ? No

**25.** If YES to #24, please list type, quarter/year and

amounts: \_\_\_\_\_

\_\_\_\_\_

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## Banking Information

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### Business Checking Account

26. Name of Bank: \_\_\_\_\_ Date Account Opened \_\_\_\_\_

27. Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

28. Checking Account Number \_\_\_\_\_ Bank Office Phone #: (\_\_\_\_) \_\_\_\_\_

### Business Loan Account

29. Name of Financial Institution: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

30. Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

31. How long with Institution? \_\_\_\_\_ Loan Amount: \_\_\_\_\_ Collateral: \_\_\_\_\_

**Personal Account of: ? President ? Proprietor ? Partner Name:** \_\_\_\_\_

32. Name of Bank: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_

33. Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

34. Checking Account Number: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

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## Credit Information

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35. Primary Bank: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Officer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

36. Other Creditors/ Principal Suppliers:

| Name | Type | Amount | Acct. # | Contact | Phone # |
|------|------|--------|---------|---------|---------|
| a.   |      |        |         |         |         |
| b.   |      |        |         |         |         |
| c.   |      |        |         |         |         |
| d.   |      |        |         |         |         |
| e.   |      |        |         |         |         |

37. Are you presently leasing your business space? ? Yes ? No

Period of Present Lease: \_\_\_\_\_

38. Name of Landlord and/or Management Company: \_\_\_\_\_

39. Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

40. Phone Number: (\_\_\_\_) \_\_\_\_\_ Monthly Rental Amount: \_\_\_\_\_

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## Receivable Information

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41. What is the purpose of the funds to be generated from factoring? \_\_\_\_\_

\_\_\_\_\_.

42. Dollar amount of receivables now open: \_\_\_\_\_ Avg. Monthly Sales: \_\_\_\_\_

43. Approximate number of customers: \_\_\_\_\_ Terms of Sales: \_\_\_\_\_

44. Amount you intend to factor on a monthly basis: \_\_\_\_\_

Maximum anticipated annual factoring volume: \_\_\_\_\_

45. Have you factored before? ? Yes ? No

If YES, with what company have you/are you factoring? \_\_\_\_\_

46. Are receivables/inventory pledged as collateral? ? Yes ? No

If YES, pledged to whom? \_\_\_\_\_

47. Any other commercial loans/leases outstanding? ? Yes ? No

If YES, please list below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

48. List all customers whose invoices you initially want to factor. Use a separate sheet for additional listings.

| Company | Address | Contact | Phone |
|---------|---------|---------|-------|
| 1.      |         |         |       |
| 2.      |         |         |       |
| 3.      |         |         |       |
| 4.      |         |         |       |

## General Information

49. Any litigation pending against the Clientor Shareholders?    ?    Yes    ?    No

50. Any judgments outstanding? (Attach a copy)                      ? Yes    ? No

51. Any Federal and/or State Tax Liens? (Attach a copy)      ? Yes    ? No

If you answered **YES** to any of the above questions, please explain fully in the space provided below:  
Explanations:

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52. Please attach the following to this application form:

- ? Company Financial Statements (3 fiscal year end statements, if available plus current month)
- ? Articles of Incorporation and By-Laws
- ? Personal Financial Statements of Principals
- ? Partnership Agreement (if applicable)
- ? Fictitious Name Filing
- ? 941 Withholding Tax Filings and Proof of Payment
- ? Sample of Company's Invoices, Bills of Lading and Credit Memos
- ? Copy of Agreement with any other Factor
- ? If Trucking Firm: Trucking Authorization & Proof of Insurance (Copy of Binder)
- ? \_\_\_\_\_
- ? \_\_\_\_\_
- ? \_\_\_\_\_

53. Please provide us with any additional information or comments:

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I/We fully understand the submission of an application for the purchase of accounts receivable by \_\_\_\_\_, (hereinafter "Factor"), does not mean that Factor will factor or provide any services to Applicant whatsoever.

I/We further fully understand that approval by Factor may come only after Factor approves this Application and all accounts/invoices offered in accordance with the terms of the Accounts Receivables Purchase Agreement.

The statements made herein and all information in all documents provided herewith are true and correct and Applicant understands that Factor intends to rely thereon in determining whether to enter into a factoring relationship.

Applicant hereby authorizes Factor or any of its employees to examine its books and records, and to discuss the affairs, accounts and finances of the Applicant with Applicant's officers and employees.

Applicant hereby authorizes its suppliers, customers, accountants, attorneys and employees to provide to Factor any information about Applicant and its affairs, finances and accounts as Factor or its employees may request. A copy of this authorization may be accepted as if it were an original.

Applicant: \_\_\_\_\_

By: \_\_\_\_\_  
Print name

Its: \_\_\_\_\_  
Title

Date: \_\_\_\_\_