



OPEN CREDIT FACTORING APPLICATION

Asset Capital Lease Corporation
North America Finance Group
 Suite, 3352, 11215 – Jasper Ave.
 Edmonton AB Canada T5K 0L5
 Phone 780-433-1936 Fax 780-465-2288

CUSTOMER INFORMATION

| | | | | |
|--|--|---|----------------------|----------------------------------|
| BUSINESS NAME | | | PHONE | |
| ADDRESS | | | FAX | |
| CITY | STATE / PROV | ZIP / POSTAL CODE | E-MAIL | |
| YEARS IN BUSINESS | BUSINESS REGISTERED AS <input type="checkbox"/> CORPORATION <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER | | | |
| CORPORATE SECRETARY | | DATE OF INC. | STATE / PROV OF INC. | FED TAX ID NO. / CORP ACCESS NO. |
| IF USING DBA WHERE WAS THE NAME STATEMENT FILED? | | | STATE | COUNTY |
| TYPE OF BUSINESS | | PLACE OF BUSINESS / IF MORE THAN ONE STATE CHIEF EXECUTIVE OFFICE | | |

INFORMATION ON PRINCIPALS

| | | | | | |
|--------------------|--------------|--|---------------------------|----------------|-------|
| NAME | | <input type="checkbox"/> OWN <input type="checkbox"/> RENT | SOCIAL SECURITY NO. / SIN | | TITLE |
| HOME ADDRESS | CITY | STATE / PROV | ZIP / POSTAL CODE | HOME PHONE | |
| DRIVERS LICENSE NO | STATE OF D/L | | DATE OF BIRTH | % OF OWNERSHIP | |
| NAME | | <input type="checkbox"/> OWN <input type="checkbox"/> RENT | SOCIAL SECURITY NO. / SIN | | TITLE |
| HOME ADDRESS | CITY | STATE / PROV | ZIP / POSTAL CODE | HOME PHONE | |
| DRIVERS LICENSE NO | STATE OF D/L | | DATE OF BIRTH | % OF OWNERSHIP | |

HAVE ANY OF THE OFFICERS OR OWNERS OF YOUR COMPANY EVER BEEN CONVICTED OF A FELONY? YES NO IF YES PLEASE ATTACH A WRITTEN EXPANATION

HAVE ANY OF THE OFFICERS OR OWNERS OF YOUR COMPANY EVER BEEN INVOLVED IN A BANKRUPTCY? YES NO IF YES PLEASE ATTACH A WRITTEN EXPANATION

BANK REFERENCES PLEASE (please supply two)

| | | | | |
|---|--|----------------|----------------|--|
| 1 ST BANK NAME | | BRANCH ADDRESS | | PHONE |
| BANK CONTACT | | | ACCOUNT NUMBER | |
| 2 ND BANK NAME | | BRANCH ADDRESS | | PHONE |
| BANK CONTACT | | | ACCOUNT NUMBER | |
| REGULAR FINANCIAL STATEMENT PREPARED <input type="checkbox"/> YES <input type="checkbox"/> NO | | HOW OFTEN | LAST PREPARED | COPIES PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO |

TAX INFORMATION

| | | |
|--|-------------|---|
| FEDERAL TAX # | STATE TAX # | LOCAL TAX # |
| ARE ANY TAXES PAST DUE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | ARE ANY LIENS FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IF YOU HAVE ANSWERED YES TO EITHER OF THE ANOVE QUESTIONS, PLEASE COMPLETE THE FOLLOWING | | |
| FEDERAL \$ AMOUNT | AGENT NAME | PHONE # |
| STATE \$ AMOUNT | AGENT NAME | PHONE # |
| LOCAL \$ AMOUNT | AGENT NAME | PHONE # |

PLEASE INITIAL HERE _____

Fax This Application to 780-465-2288
www.assetcapitalllease.com

Thank You For Your Business
sales@assetcapitalllease.com



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ACCOUNTS RECIEVABLE INFORMATION

| | | | | |
|---|---------------------------------------|--|-------------------------|------------|
| HAS YOUR COMPANY FACTORED PREVIOUSLY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | IF YES THE SOURCE OF FACTORING | | |
| OPEN ACCOUNTS RECIEVABLE \$ | HIGH CREDIT ON INDIVIDUAL ACCOUNTS \$ | NUMBER OF ACCOUNTS | | |
| TERMS OF SALES | AVERAGE MONTHLY SALES VOLUME \$ | AVERAGE INVOICE AMOUNT \$ | | |
| AVERAGE NUMBER OF INVOICES MONTHLY | AVERAGE A/R TURN (# OF DAYS) | | | |
| PLEASE LIST YOUR FOUR LARGEST CUSTOMERS | | | | |
| CUSTOMER | CITY, STATE | CONTACT | PHONE | % OF A/R'S |
| CUSTOMER | CITY, STATE | CONTACT | PHONE | % OF A/R'S |
| CUSTOMER | CITY, STATE | CONTACT | PHONE | % OF A/R'S |
| CUSTOMER | CITY, STATE | CONTACT | PHONE | % OF A/R'S |
| DO YOU INVOICE IN ANY OTHER NAME OR TRADE STYLE OTHER THAN THE COMPANY LISTED ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | IF YES, WHAT NAME? | |
| DO YOU HAVE ANY DISTRIBUTER OR TRADE AGREEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | DO YOU SHIP ON CONSIGNMENT, TITLE RETENTION BASIS OR INVOICE PROGRESS BILLINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| DO ANY CUSTOMERS BUY FROM YOU ON A "CONTA" ACCOUNT BASIS? <input type="checkbox"/> YES <input type="checkbox"/> NO | | IS THERE ANY LAWSUIT PENDING BY OR AGAINST YOUR FIRM? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| INSURANCE COVERAGE | INVENTORY \$ | BUILDINGS \$ | EQUIPMENT & FIXTURES \$ | |

ASSETS

| | | | | |
|---|----------|---------|-------|--|
| ARE ANY OF THE FOLLOWING ASSETS NOW ASSIGNED, PLEDGED OR LIENED AS COLLATERAL FOR LOANS? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| ACCOUNTS RECIEVABLE <input type="checkbox"/> YES <input type="checkbox"/> NO | TO WHOM? | ADDRESS | | |
| CONTACT | | | PHONE | |
| INVENTORY <input type="checkbox"/> YES <input type="checkbox"/> NO | TO WHOM? | ADDRESS | | |
| CONTACT | | | PHONE | |
| EQUIPMENT <input type="checkbox"/> YES <input type="checkbox"/> NO | TO WHOM? | ADDRESS | | |

CHECKLIST OF NECESSARY INFORMATION

| | |
|--|--|
| 1. COMPLETE APPLICATION <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 2. FINANCIAL STATEMENTS A. - BUSINESS (CURRENT INTERIM STATEMENT AND PAST TWO YEARS) <input type="checkbox"/> YES <input type="checkbox"/> NO B. - PERSONAL (CURRENT) <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 3. FEDERAL TAX RETURNS A. - BUSINESS (PAST TWO YEARS) <input type="checkbox"/> YES <input type="checkbox"/> NO B. - PERSONAL (PAST TWO YEARS) | |
| 4. COMPLETE COPY OF ARTICLES OF INCORPORATION AND/OR COPY OF DBA FILING <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 5. CURRENT DETAILED ACCOUNTS RECIEVABLE AGING <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 6. CURRENT DEATAILES ACCOUNTS PAYABLE AGING <input type="checkbox"/> YES <input type="checkbox"/> NO | |

AUTHORIZATION ASSET CAPITAL LEASE OR ITS ASSIGNS ARE AUTHORIZED TO CHECK WITH ALL REFERENCES LISTED ABOVE AND TO MAKE ANY OTHER INQUIRIES TO FACILITATE A CREDIT DECISION AND YOU HAVE PERMISSION TO USE THIS INFORMATION FOR UNDERWRITING OUR REQUEST. ALL INFORMATION PROVIDED HERE IS TRUE AND ACCURATE.

X _____
 AUTHORIZED SIGNATURE PRINT NAME AND TITLE DATE

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THE APPLICATION PROCESS

HOW LONG DOES IT TAKE TO BECOME A CLIENT?

GENERALLY IT TAKES BETWEEN 7 AND 10 DAYS.

CAN FUNDING BE PROVIDED IN 24 HOURS?

YES, ONCE YOU ARE A CLIENT, FUNDING IS AVAILABLE WITHIN 24 HOURS OF OUR ABILITY TO THE INVOICES YOU SUBMIT TO BE FACTORED.

INFORMATION REQUIRED FOR SUBMISSION.

- * BCF APPLICATION FILLED OUT
- * YEAR-END FINANCIAL STATEMENT
- * TWO YEARS PERSONAL TAX RETURNS
- * DETAIL ACCOUNTS RECEIVABLE AGING
- * COPY OF ARTICLES OF INCORPORATION
- * INTERIM FINANCIAL STATEMENTS
- * TWO YEARS CORPORATE TAX RETURNS
- * COPY OF INVOICES
- * BUSINESS PLAN
- * PARTNERSHIP AGREEMENT

GENERAL FUNDING CRITERIA AND PARAMETERS

CLIENT PROFILE: WE PROVIDE ACCOUNTS RECEIVABLE FUNDING TO SMALL AND MID SIZED BUSINESSES THROUGHOUT THE UNITED STATES. INCLUDING THOSE EXPERIENCING RAPID GROWTH, HIGH LEVERAGE, HISTORICAL LOSSES OR CHAPTER XI.

NORMAL CLIENT FUNDING REQUIREMENTS RANGE BETWEEN \$50,000 AND \$5,000,000 PER MONTH.

WE WILL EVALUATE PROMISING START-UP COMPANIES, AS FUNDING IS BASED ON OUR CLIENTS CREDIT WORTHY SALES, NOT ON THEIR NET WORTH.

- * NO PERSONAL GUARANTEES REQUIRED
- * NO TERM CONTRACTS REQUIRED
- * NO REQUIRED AUDITS
- * NO MONTHLY MINIMUM (*NOT REQUIRED TO FACTOR ANYTHING*)
- * NO MONTHLY MAXIMUM / LINE CAP (*FUNDING BASED ON CREDIT WORTHY SALES*)

RATES AND TERMS

COMPETITIVE AND BASED ON EVALUATION OF:

- * NUMBER OF INVOICES OUTSTANDING
- * NUMBER OF ACCOUNTS RECEIVABLES OUTSTANDING
- * PERCENTAGE OF INVOICES THAT COLLECT IN LESS THAN SIXTY DAYS
- * IS THE CLIENT AUTOMATED (ABILITY TO DOWNLOAD INVOICES, ETC)
- * FINANCIAL STABILITY OF COMPANY

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