



US EQUITY FUNDING, LLC

APPLICATION – Page 1

In order to expedite the approval process, please fill out this application completely. After initial approval is given, additional information may be required prior to funding.

COMPANY INFORMATION

Business Name: _____ Date Est.: _____ County: _____
 Street Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Cell Phone: _____
 E-Mail Address: _____ Web Address: _____ Fax: _____
 Legal Status: Corporation LLC Partnership Sole Proprietorship Federal Tax ID Number: _____
 Description of Business: _____ Number of Employees: _____
 Federal or State Taxes Past Due? Yes No If Yes, Type/Amount: _____ /\$ _____ Tax Lien Filed? Yes No

OFFICERS, OWNERS, OR PARTNERS

If more than two, please list any additional in Notes section of application.

Name & Title: _____ % Owned _____ Driver's License #: _____
 Home Street Address: _____ _ Own _ Rent
 City: _____ State: _____ Zip: _____ Home Phone: _____
 E-Mail Address: _____ Date of Birth: _____ Social Security #: _____

Name & Title: _____ % Owned _____ Driver's License #: _____
 Home Street Address: _____ _ Own _ Rent
 City: _____ State: _____ Zip: _____ Home Phone: _____
 E-Mail Address: _____ Date of Birth: _____ Social Security #: _____

BUSINESS BANKING INFORMATION

Name of Bank: _____ Date Opened: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Checking Account Number: _____ Any Commercial Loans Outstanding? Yes No
 Loan Account Number/Amount: _____ /\$ _____ Bank Officer: _____

SUPPLIER INFORMATION

NAMES OF PRINCIPAL SUPPLIERS	PRODUCTS SUPPLIED	PHONE NUMBER
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

MISCELLANEOUS INFORMATION

Anticipated monthly factoring volume: _____ Current receivables outstanding: _____
Requested first funding date: _____ Amount of funding required: _____
How did you find out about US Equity Funding? _____
Have you factored before? Yes No If yes, with whom? _____

LANDLORD INFORMATION

Are you presently leasing your business space? Yes No Period of Present Lease: _____
Name of Landlord and/or Management Company: _____
Street Address: _____ Monthly Rental Amount: _____
City: _____ State: _____ Zip: _____ Phone: _____

SUPPORT INFORMATION CHECKLIST

Please include the appropriate information with your completed application and submit to US Equity Funding.

- Invoices to Factor
- Customer List with Addresses
- Accounts Receivable Aging
- Bank Authorization Form
- Current Financial Statements
- Accounts Payable Aging
- Tax Returns
- Liability Insurance
- Articles of Incorporation or Assumed Name Certificate
- Copy of 941s (last 4 quarters) with Proof of Payment
- Cargo Insurance (Trucking Firms)
- Copy of Operating Authority with MC# (Trucking Firms)
- Workers' Comp. Insurance (Staffing Firms)
- Copy of Current PACA License (Agricultural Firms)

Notes:

SIGNATURE & AUTHORIZATION

I understand that the submission of this application to US Equity Funding, LLC hereafter referred to as US Equity indicates my intention to enter into a Security Agreement with US Equity but does not obligate US Equity to factor/finance or provide any financial services whatsoever. I further acknowledge that the approval to factor/finance or provide financial services may come only after the manager of US Equity approves said application and invoices/accounts offered, in accordance with the terms of US Equity's Security Agreement. The above statements are true and correct to the best of my information and belief. This serves as my permission for the release of any information to US Equity regarding this application for the purpose of credit investigation. I hereby authorize US Equity to investigate the credit of all parties listed above. I also hereby authorize US Equity to contact our customers to verify the invoices submitted for factoring.

Signed: _____ Date: _____ Name and Title: _____
Signed: _____ Date: _____ Name and Title: _____