



# Prestige Capital Corporation

**Return this form by fax or email with: summary/aging of your accounts receivable and a copy of your Certificate of Incorporation and EIN Confirmation**

## Application To Enter Into Accounts Receivable Purchase Agreement

1. Legal Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Street Address: \_\_\_\_\_ Fax: \_\_\_\_\_
3. County: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Date Established: \_\_\_\_\_ Does company own real property? Yes  No
5. If doing business in more than one place, list additional addresses: \_\_\_\_\_  
\_\_\_\_\_
6. All D/B/A, fictitious & assumed names: \_\_\_\_\_
7. Type of Business: \_\_\_\_\_
8. Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Limited Liability: \_\_\_\_\_ Individual: \_\_\_\_\_
9. State in which company is incorporated: \_\_\_\_\_ Organizational #: \_\_\_\_\_  
*(If Applicable, Noted on Certificate of Incorporation)*

### PRINCIPALS

10. Name: \_\_\_\_\_ Social Security No \_\_\_\_\_  
Home Street Address: \_\_\_\_\_ Own  Rent  Date of Birth: \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ United States Citizen: Yes  No   
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Business Title: \_\_\_\_\_ Est. % Ownership \_\_\_\_\_
11. Name: \_\_\_\_\_ Social Security No \_\_\_\_\_  
Home Street Address: \_\_\_\_\_ Own  Rent  Date of Birth: \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ United States Citizen: Yes  No   
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Business Title: \_\_\_\_\_ Est. % Ownership \_\_\_\_\_

12. Name: \_\_\_\_\_ Social Security No \_\_\_\_\_  
Home Street Address: \_\_\_\_\_ Own  Rent  Date of Birth: \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ United States Citizen: Yes  No   
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Business Title: \_\_\_\_\_ Est. % Ownership \_\_\_\_\_

### SUPPORT INFORMATION

13. Name of Accountant: \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
14. Name of Attorney: \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

### TAX INFORMATION

15. Federal ID #: \_\_\_\_\_ State Tax ID #: \_\_\_\_\_ Local Tax ID #: \_\_\_\_\_  
16. Number of Employees: \_\_\_\_\_  
17. How often do you file 941 Payroll Taxes? Weekly  Monthly  Quarterly  Yearly   
18. Do you have any Federal or State Taxes past due? Yes  No  If yes, has lien been filed? Yes  No   
19. If yes to #18, please list type, quarter/year and amounts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### BANKING INFORMATION

#### BUSINESS CHECKING ACCOUNT

20. Name of Bank: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
21. Account Numbers: \_\_\_\_\_ Name of Bank Officer: \_\_\_\_\_

#### BUSINESS LOAN ACCOUNT

22. Name of Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
23. How long with Institution? \_\_\_\_\_ Loan Amount: \_\_\_\_\_ Collateral: \_\_\_\_\_

PERSONAL ACCOUNT OF: President  Proprietor  Partner

24. Name of Bank: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

25. Checking Account Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**RECEIVABLE INFORMATION**

26. What is the purpose of the funds to be generated from funding: \_\_\_\_\_  
\_\_\_\_\_

27. Dollar amount of receivables now open: \_\_\_\_\_ Date of Aging: \_\_\_\_\_

28. Approximate Number of Customers: \_\_\_\_\_ Terms of Sales: \_\_\_\_\_ Average Monthly Sales: \_\_\_\_\_

29. Projected 12 month sales: \_\_\_\_\_

30. Do you provide customers with product or on a consignment or right of return basis? Yes  No

31. Do any customers provide you with product or services on a "contra" or "off-set" basis? Yes  No

32. List 5 largest customers: (Please list exact corporate name and headquarter address:)

	<u>Corporate Name</u>	<u>City/State/Zip</u>	<u>Phone No.</u>	<u>Present Balance Owning</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

33. Amount you intend to fund on a monthly basis: \_\_\_\_\_

34. Has your company funded receivables before? Yes  No

If yes, with what company? \_\_\_\_\_

32. Are receivables pledged as collateral? Yes  No

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

33. Is inventory currently pledged as collateral? Yes  No

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

34. Any other Commercial Loans/Leases Outstanding? Yes  No

If yes, please list on a separate schedule.

35. Any further information you would like to provide to assist Prestige Capital Corporation in evaluating transactions for funding. Yes  No

If yes, please list on a separate schedule.

**How did you find out about Prestige Capital Corporation?** \_\_\_\_\_

Name: \_\_\_\_\_ Co. \_\_\_\_\_ Phone: \_\_\_\_\_

I/We have been told and do understand that the submission of an application for financing with Prestige Capital Corporation does not mean that Prestige Capital Corporation will fund or provide any financial services whatsoever.

I/We further have been told and do understand that approval to purchase receivables may come only after Prestige Capital Corporation approves said application and the invoices/accounts offered are approved in accordance with the terms of Prestige Capital Corporation Accounts Receivable Purchase and Sale Agreement.

I have been advised that after my written request, made within a reasonable time, I have the right to receive a complete and accurate report of the nature and scope of such procedures in accordance with Section 606(b) of the Fair Credit Reporting Act.

The above statements are true and accurate to the best of my information and belief. This serves as my permission for the release of any information regarding this application for the purposes of credit and personal background investigation to Prestige Capital Corporation.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_, 20 \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please send completed Application with attachments (*see top of page 1 for list of attachments*) to:  
Prestige Capital Corporation, fax no: [201-944-9477](tel:201-944-9477) or email to: [tcallahan@prestigecapital.com](mailto:tcallahan@prestigecapital.com)**