



CLIENT PROFILE

Full Legal Name of Business _____ Date _____
Client Contact _____ Title _____
Street Address _____ Phone () _____ Fax () _____
City/State/Zip _____ County _____
Date established _____ Type of business _____
Type of company _____ Corporation (Year _____ State _____) _____ LLC _____ Partnership _____ Proprietorship
Number of full-time employees _____ Number of part-time or contract _____
Does company own real property? _____ Yes _____ No _____ Years at present location _____
Describe product or service _____
If doing business in more than one location, list additional addresses _____
Previous business names used within the last five (5) years _____
Who referred you to us? _____

TAX INFORMATION

Federal ID Number: _____
Do you have any Federal/State/Local taxes past due? _____ Yes _____ No
If yes, has lien been filed? _____ Yes _____ No
If yes, please list type, quarter/year, and amounts _____

ACCOUNTS RECEIVABLE INFORMATION

What is the purpose of the funds to be generated from factoring? _____
Receivables open \$ _____ Factored before? _____ Yes _____ No
With what company? _____
Your total billings for last 30 days? \$ _____
Your total billings for last 12 months? \$ _____
Your average monthly invoicing? \$ _____
Average days invoices outstanding _____
Total receivables now outstanding (1-30 days) \$ _____ (31-60 days) \$ _____ (61-90 days) \$ _____ (over 90 days) \$ _____
Receivables types _____ Commercial _____ U.S. Government _____ State/Local Government _____ Institutional
Are any receivables pledged as collateral? _____ Yes _____ No
If yes, pledged to whom? _____
Approximate number of customers _____ High credit for individual account \$ _____
How much do you intend to factor on a monthly basis? \$ _____
List several of your more frequent accounts
NAME LOCATION PHONE

OWNERSHIP/OFFICERS INFORMATION

PRESIDENT Name _____ SSN _____
SOLE PROPRIETOR Home Street Address _____ Own _____ Rent _____
SR. PARTNER City/State/Zip _____
% Owned _____ Home Phone () _____ Date of Birth _____
SECRETARY Name _____ SSN _____
OTHER PARTNER Home Street Address _____ Own _____ Rent _____
City/State/Zip _____
% Owned _____ Home Phone () _____ Date of Birth _____
OTHER OFFICER Name _____ SSN _____
SHAREHOLDER Home Street Address _____ Own _____ Rent _____
PARTNER City/State/Zip _____
% Owned _____ Home Phone () _____ Date of Birth _____
OTHER OFFICER Name _____ SSN _____
SHAREHOLDER Home Street Address _____ Own _____ Rent _____
PARTNER City/State/Zip _____
% Owned _____ Home Phone () _____ Date of Birth _____

BANKING INFORMATION

BUSINESS CHECKING ACCOUNT
Name of Bank _____ Date Account Opened _____
Street Address of Bank _____
City/State/Zip _____
Account Number _____ ABA Routing Number _____
Name of Bank Officer _____ Phone Number () _____
BUSINESS LOAN ACCOUNT
Name of Financial Institution _____ Phone Number () _____
Street Address _____
City/State/Zip _____
How Long with Institution? _____ Loan Amount? _____ Collateral? _____

PERSONAL ACCOUNT OF

____ President _____ Proprietor _____ Partner Name of Partner _____
Name of Bank _____ Date Account Opened _____
Street Address _____
City/State/Zip _____
Checking Account Number _____ Phone Number () _____

SIGNATURE (Required)

All statements in this form are true and accurate to the best of my information and belief. By executing this form, I authorize Creative Capital Corp. to verify the information provided, to obtain credit reports, business reference reports and other information that Creative Capital Corp. may rely on to approve the factoring application of the above named business.
Signed _____ Date _____
Title _____
Print Name & Title _____

ADDITIONAL NOTES



CERTIFICATION OF OFFICERS

Of _____
Date _____
To _____
In order to induce you to purchase billing rights from the corporation above named and to continue to do so, the undersigned officers of said corporation warrant, represent, and covenant as follows:
1 The exact title of the corporation is _____
2 The corporation was incorporated on _____, _____, under the laws of _____, and is in good standing under those laws.
3 The chief place of business of the corporation, being the place at which the corporation maintains its books and records pertaining to accounts, contract rights, inventory, etc. is located at:
It has other places of business at the following addresses:

4 There is no provision in the certificate of incorporation or by-laws of the corporation, or in the laws of the State of its incorporation, requiring any vote or consent of shareholders to authorize the sale of any billing rights of the corporation. Such power is vested exclusively in its Board of Directors.
5 The officers of the corporation, and their respective titles and signatures are as follows
PRESIDENT _____ (Name) _____ (Signature)
VICE PRES. _____ (Name) _____ (Signature)
SECRETARY _____ (Name) _____ (Signature)
TREASURER _____ (Name) _____ (Signature)
(Except as indicated below, each of said officers has signatory powers as to all your transactions with the corporation)
6 Prompt written notice will be given to you of any change or amendment with respect to any of the foregoing matters. Until such notice is received by you, you shall be entitled to rely upon the foregoing in all respects.
Yours truly,
_____ Title _____
_____ Title _____
_____ Title _____
_____ Title _____



RESOLUTION OF THE BOARD OF DIRECTORS

At a duly constituted meeting of the Board of Directors of _____ (the Corporation) it was Resolved:
That the following designated officers and employees of the Corporation be and are hereby empowered by the Board of Directors to from time to time sell or assign any invoices of the Corporation to Creative Capital Corp. and to execute such documents as may be required to effectuate such sale or assignment.
Creative Capital Corp. is hereby advised that all funds in payment of any invoices purchased by them must be remitted by check and made payable only to the Corporation.
This resolution will remain in effect until and unless Creative Capital Corp. receives written notification of its rescission.

SECRETARY'S CERTIFICATION

I, _____, Secretary of the Corporation hereby certify that the above is a true copy of a resolution adopted by the Board of Directors at a duly constituted meeting with a Quorum of the Board present.
SECRETARY
Affix Corporate Seal