



CONTRACTOR FACTORING APPLICATION

Upon completion of this application, please sign and remit via facsimile to (631) 738-0047.

***PLEASE NOTE: Incomplete applications will not be considered.**

Date: _____ Line amount requested: _____ How did you hear about us? _____

Basic Company Information

Company Name: _____

Trade names/DBA's and Names/Addresses of Affiliates, Subsidiaries, etc: _____

Address: _____

Contact Person: _____ Title: _____

Telephone: _____ E-mail Address: _____

Facsimile: _____ Federal Tax ID Number: _____

Date Business Started: _____ Date Present Management Started: _____

Corporation Type: _____ Partnership: _____ Proprietorship: _____

Date of Incorporation: _____ County: _____ State: _____

Products/Services Offered by Your Company: _____

Area of Operation: _____ Purpose of Line: _____

Company Ownership (attach a separate sheet if necessary)

	PRINCIPAL #1	PRINCIPAL #2
NAME		
ADDRESS		
CITY, STATE ZIP		
TELEPHONE		
SOCIAL SECURITY #		
TITLE		
PCT. OWNERSHIP		
	SPOUSE <input type="checkbox"/> CHECK IF NONE	SPOUSE <input type="checkbox"/> CHECK IF NONE
NAME		
SOCIAL SECURITY #		
TITLE (IF APPLICABLE)		
PCT. OWNERSHIP (IF APPLICABLE)		

Business Banking Information

Bank name: _____ City/State: _____

Account #: _____ Contact name: _____

Contact phone: _____

Business Borrowing Information

Current Borrowing Relationships, *attach additional borrowing relationships on a separate sheet*

	LENDER NAME	TELEPHONE	CONTACT	TYPE OF LOAN	BALANCE	LINE AMT.
LENDER 1						
LENDER 2						

Collateral for borrowing relationships listed above:

Receivables | Inventory | Equipment | Other Assets: (Specify): _____

Other Company Information

(Please attach a detailed explanation of any "Yes" answer below—**Required**)

Any current/pending tax problems: Yes No Any current/pending union problems: Yes No

Has the Company or any of its principals ever been part to an action commenced under the US Bankruptcy Code or any other insolvency proceeding? Yes No

Has the Company or any of its principals ever defaulted or reached compromise settlement on a loan obligation? Yes No

Is there any current/threatened litigation against the Company or any of its principals? Yes No

Have any of the Company's principals ever been convicted of a felony of any sort or a misdemeanor of financial or fraudulent nature? Yes No

PROFESSIONAL ADVISORS	ATTORNEY	ACCOUNTANT
Firm Name		
Telephone		
City/State		
Contact		

Financial Statements

Gross Profit Margin: _____ Net Profit Margin: _____ Estimated Company Net Worth: _____

Bad debt write-off prior year: _____ Estimated bad debt write-off this year: _____

On what basis are financial statements prepared? Cash % Completion

On what level of assurance are financial statements prepared? Compilation Review Audit

Does your company prepare any of the below internal reports?

Monthly balance sheet Monthly income statement Monthly A/R and A/P aging

Accounts Receivable Information

Aging	1-30 Days	31-60 Days	61-90 Days	91+ Days	Retention	TOTAL
	_____	_____	_____	_____	_____	_____

Invoice Size

Average: _____ Low: _____ High: _____ # Invoices Monthly _____

Active Customers: _____ # Government Customers _____ # Commercial Customers _____

Sales: Monthly: _____ Last Year: _____ This Year: _____ Next Year: _____

Billing Terms: Invoice Terms: _____ Prompt Pay Discounts: _____ Rate of discounts: _____

Signed Agreements with Customers? Yes No

Do you sell to anyone to whom you owe money (i.e. supplier)? _____

Contracts/Accounts

OWNER	GENERAL CONTRACTOR	CONTRACT AMT.	CONTRACT LENGTH	COMPLETION DATE

Employees

Full time employees: _____ On what basis are taxes paid? _____

Is your firm union? Yes No How often do you file 941 Payroll Taxes? _____

How do you process payroll? In-house Through a payroll service OTHER: _____

List key personnel, foremen, or supervisors:

- | | <u>NAME</u> | <u>POSITION</u> | <u>EXPERIENCE (YRS)</u> |
|----|-------------|-----------------|-------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Insurance

List any life insurance in effect on key personnel:

	Policyholder	Insurance Company	Beneficiary	Coverage Amount	Cash Value
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____

Bonding Relationships (Include past, if applicable)

Name: _____ Address: _____

Telephone: _____ Overall Limit: _____

Single Limit: _____ Open Projects: _____ Closed Projects: _____

Subcontractors

List two subcontractors with whom you do business

- 1. Name: _____ Telephone: _____
 Contact: _____ Most recent project: _____
- 2. Name: _____ Telephone: _____
 Contact: _____ Most recent project: _____

Does anyone not named above hold warrants, options, or any other form of contingent equity interest in your Company? Yes No

If "Yes", please disclose the holder and form of such interest and nature of interest **(required)**:

Name: _____ Nature of Interest: _____

Job Cost Records

Tracked? Yes No Frequency Reviewed? _____ Updated? _____

Additional Information Required

- Management History Products/Services
- Company Operational Overview Accounts Receivable Aging
- Company History Accounts Payable Aging

The undersigned acknowledges that this application does not bind the Company to borrow, or RMP Capital Corp, RMP Funding, LLC. and/or its assigns to lend. I, the undersigned, certify that all the foregoing statements and attached exhibits are true and accurate. The undersigned authorizes RMP Capital Corp, RMP Funding, LLC., and/or its assigns, to undertake a credit review of the applicant and undersigned as guarantor and does hereby give RMP Capital Corp., RMP Funding, LLC and/or its assigns permission to access the credit records of the applicant and undersigned and to contact all financial and trade references and individuals and businesses for the purpose of receiving credit information and investigating and verifying the applicant's credit history, and hereby authorizes such references, individuals and businesses to release information concerning the applicant to RMP Capital Corp., RMP Funding, LLC and/or its assigns

Signature: _____ (Person completing application) **Title:** _____ **Date:** _____

The undersigned, being an officer or other interested person in the business of the applicant named in the foregoing Factoring Application, authorizes RMP Capital Corp., RMP Funding, LLC and/or its assigns to undertake a credit review of the undersigned and spouse and to contact financial and trade references and individuals and businesses for the purpose of receiving credit information and investigating and verifying the undersigned's credit history, and hereby authorizes such references, individuals and businesses to release information concerning the undersigned to RMP Capital Corp, RMP Funding, LLC and/or its assigns (Principal officers and shareholders listed above, please sign.)

Print Name: _____ **Print Name:** _____

Signature: _____ **Signature:** _____

Print Name: _____ **Print Name:** _____

Signature: _____ **Signature:** _____