



FACTORING APPLICATION

Upon completion of this application, please sign and remit via facsimile to (631) 738-0799.

***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)		

FOR RMP OFFICE USE ONLY
Bank Consultant:
Referring Bank:



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)

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 (Please attach current A/P & A/R Aging Summary)

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)? _____

Please attach 2010 and 2011 Year-To-Date Financials (Balance Sheet and Income Statement) prepared on an accrual basis.

Contracts/Accounts (List Top 5 Balances with Full Addresses)

CUSTOMER NAME	CITY, STATE ZIP	PHONE (NOT TOLL FREE)	BALANCE

The undersigned acknowledges that this application does not bind the Company to borrow, or RMP Capital Corp 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, and/or its assigns, to undertake a credit review of the applicant and undersigned as guarantor and does hereby give RMP Capital Corp., 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.,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., 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, and/or its assigns (Principal officers and shareholders listed above, please sign.)

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

Signature: _____ **Signature:** _____

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

Signature: _____ **Signature:** _____