



# REDISCOUNTING LINES OF CREDIT 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)		

## 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

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

Has the Company lost any major funding source during the last 3-years?  Yes  No

PROFESSIONAL ADVISORS	ATTORNEY	ACCOUNTANT
Firm Name		
Telephone		
City/State		
Contact		

**Financial Statements**

Net Profit Margin: \_\_\_\_\_ Estimated Company Net Worth: \_\_\_\_\_

Bad debt write-off prior year: \_\_\_\_\_ Estimated bad debt write-off this year: \_\_\_\_\_

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

**Client Information**

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

**Operating Criteria**

	LOW RANGE	HIGH RANGE
Advance rates extended		
Lines of credit extended		
Factoring rates extended		

Percentage of invoices verified by your back office: \_\_\_\_\_

Percentage of your portfolio with Full Recourse to Clients: \_\_\_\_\_ Non Recourse to Clients: \_\_\_\_\_

Client exposure limit: \_\_\_\_\_ Debtor exposure limit: \_\_\_\_\_ Sector/Industry limits: \_\_\_\_\_

Industries where you will not factor receivables (please list): \_\_\_\_\_

**Client Balances (List Top 5 Balances)**

CUSTOMER NAME	CITY, STATE	LINE AMOUNT	EXPERIENCE WITH CLIENT

**Policies and Procedures**

Does your Company have Operations procedures? \_\_\_\_\_ Credit procedures? \_\_\_\_\_

Do you require a Personal Guaranty for all Clients? \_\_\_\_\_ UCC-1 filing for all Clients? \_\_\_\_\_

**Additional Information Required**

- Management History
- Company Operational Overview
- Company History
- Products/Services
- Accounts Receivable Aging
- 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:** \_\_\_\_\_