



APPLICATION — LONG FORM

1. Business Name _____
2. Date Established: _____
3. Street Address: _____
4. County: _____
5. City: _____ State: _____ Zip: _____
6. Phone: _____
7. Type of business: _____
8. If doing business in more than one place, list additional addresses:

9. Does the business use a fictitious name? ____ Yes ____ No.
If yes, where is it filed? _____
10. State of incorporation: _____

PRINCIPALS

11. President, Sole Proprietor Name: _____
Home Street Address: _____
City, State, Zip _____
DL # _____ DOB _____ Social Security #: _____
% Owned: ____ Own ____ Rent ____ Home Phone: _____
12. Secretary or other partner Name: _____
Home Street Address: _____
City, State, Zip _____

DL # _____ DOB _____ Social Security #: _____

% Owned: _____ Own _____ Rent _____ Home Phone: _____

13. Other officer, shareholder, or partner Name: _____

Home Street Address: _____

City, State, Zip _____

DL # _____ DOB _____ Social Security #: _____

% Owned: _____ Own _____ Rent _____ Home Phone: _____

14. Are there more owners not listed? Yes _____ No _____ If yes, please provide the same information outlined above.

SUPPORT INFORMATION

15. Name of Accountant: _____ Firm _____

Street Address, City, State, Zip: _____

Phone: _____

16. Name of Attorney: _____ Firm _____

Street Address, City, State, Zip: _____

Phone: _____

17. Name of Insurance Agent: _____ Firm _____

Street Address, City, State, Zip: _____

Phone: _____

18. If you are required to have a bond of any sort, list bonding company:

Street Address, City, State, Zip: _____

Phone: _____

GENERAL INFORMATION

19. Federal Identification Number: _____

Number of Employees: _____

20. Are your employees Union or non-union? _____ Which union? _____

21. How often do you file 941 payroll taxes? Weekly: _____ Monthly: _____ Quarterly: _____ Yearly: _____

22. Do you have any Federal or State taxes past due? Yes _____ No _____ If yes, has lien been filed? Yes _____ No _____

Do you have any outstanding judgements? Yes ____ No ____

If yes, how much? _____

Do you have any Union dues or contributions past due? Yes ____ No ____

23. How often are financial statement prepared? _____

(please attach most recent copies)

24. Does your business require special local, state, or federal license or permit? Yes ____ No ____

If yes, please list, including the ID number: _____

BANKING INFORMATION

BUSINESS CHECKING ACCOUNT

25. Name of Bank: _____ How long with bank? _____

26. Street Address, City, State, Zip: _____

27. Account No.: _____ Name of bank officer: _____

Phone of bank officer: _____

BUSINESS LOAN ACCOUNT

28. Name of financial institution: _____

Type & Amount of loan: _____

29. Street Address, City, State, Zip: _____

30. Are any of your loans delinquent? Yes ____ No ____ Type of collateral: _____

RECEIVABLE INFORMATION

31. Amount of receivables now open? _____

Average monthly sales? _____

32. Approximate number of accounts? _____

Terms of sales: _____

33. Are you now or have you factored before? Yes ____ No ____

34. If yes, with what company? _____

35. Are your receivables pledged as collateral? Yes ____ No ____

36. If yes, to whom pledged? _____

37. Any other Commercial Loans/Leases outstanding? Yes ____ No ____ Amount: _____

38. If yes, to whom and what pledged? _____

39. Do you have a detailed aging report? Yes ____ No ____ (Please provide a copy)

SUPPLIER INFORMATION

LIST OF PRINCIPAL SUPPLIERS

Name	What do they supply?	Phone	Contact
1. _____			
2. _____			
3. _____			

CUSTOMER INFORMATION

This section determines "Cash Availability" for you.

Attach a detailed aging report or listing of your existing and prospective clients: We MUST have the following information:

- Name of customer
- Street address of customer. (Do not submit Post Office Box as customer's address)
- Name of "key" contact
- Phone number of customer

40. Amount you intend to factor on a monthly basis _____

41. An Accounts Receivable Aging or ledger sheet is hereby provided: Yes ___ No ___

42. Are you presently leasing your business space? Yes ___ No ___

Name of landlord and/or management company.

Name _____

Address: _____

City, State, Zip _____

Phone: _____

Period of present lease _____ Amount of monthly rental \$ _____

43. Are you currently under the protection of the United States Bankruptcy Laws?

Yes ___ No ___

44. Are any of the Principals/Officers under the protection of the United States Bankruptcy Laws? Yes

___ No ___

45. How were you referred to us? _____

PERSONAL REFERENCES

Name	Address	Phone number
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Name	Address	Phone number
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Name	Address	Phone number
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AUTHORIZATION TO RELEASE INFORMATION

To whom it may concern:

1. I/We have applied for an Accounts Receivable Financing from Signet Capital, Inc. As part of the application process, Signet Capital, Inc. and the Corporate Partner (if any), may verify information contained in my/our application and in other documents required in connection with the Signet Financing Programs, either before funding commences or as part of its quality control program.
2. I/We authorize you to provide to Signet Capital, Inc. and to any Corporate Partner to whom Signet Capital may sell my account and to the Accounts Receivable insurer (if any), any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns.
3. Signet Capital, Inc. or any Corporate Partner that purchases the accounts, or the accounts receivables insurer (if any), may address this authorization to any party named in this application.
4. A copy of this authorization may be accepted as an original.
5. Your prompt reply to Signet Capital, Inc., its Corporate Partner or, investor that purchased the accounts or the accounts receivable insurer (if any) is appreciated.
6. Corporate Partner or Accounts Receivable insurer (if any): _____

This serves as my permission for the release of any information regarding this application for the purposes of credit investigation of myself or the company I represent. Please begin the verification and remittance address change process for the accounts receivable submitted to you in order for us to qualify as a client. The above statements are true and accurate to the best of my information and belief.

Dated _____, 20____

Signed	Title	Date
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Signed	Title	Date
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