

# **STERLING FACTORS CORPORATION**

## **APPLICATION TO ENTER INTO A FACTORING AGREEMENT**

1. BUSINESS NAME (AS SHOWN ON ARTICLES OF INCORPORATION OR PARTNERSHIP AGREEMENT):  
\_\_\_\_\_
2. DATE ESTABLISHED: \_\_\_\_\_
3. (A) TELEPHONE NUMBER: \_\_\_\_\_  
(B) FAX NUMBER: \_\_\_\_\_
4. STREET ADDRESS: \_\_\_\_\_
5. COUNTRY: \_\_\_\_\_
6. CITY, STATE, ZIP CODE: \_\_\_\_\_
7. TYPE OF BUSINESS: \_\_\_\_\_
8. LOCATIONS OF MAIN OFFICE: \_\_\_\_\_
9. IS BUSINESS CONDUCTED UNDER ANOTHER NAME (BRAND, TRADE STYLE, OR DBA)      YES      NO  
(A) OTHER LOCATIONS \_\_\_\_\_
10. LIST BRAND NAME, TRADE STYLE OR DBA: \_\_\_\_\_
11. STATE OF INCORPORATION: \_\_\_\_\_
12. A COPY OF ARTICLES OF INCORPORATION AND/OR DBA BUSINESS CERTIFICATE NAME  
IS ENCLOSED      YES      NO
13. IF A PARTNERSHIP, WHERE HAS PARTNERSHIP AGREEMENT BEEN FILED: \_\_\_\_\_
14. PRESIDENT, SOLE PROPRIETOR, OR SENIOR PARTNER, % OWNED: \_\_\_\_\_  
NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_      OWN      RENT  
CITY, STATE AND ZIP CODE: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_
15. OFFICER, POSITION AND % OWNED: \_\_\_\_\_  
NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_      OWN      RENT  
CITY, STATE AND ZIP CODE: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_

16. OFFICER, POSITION AND & OWNED: \_\_\_\_\_

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ OWN RENT

CITY, STATE AND ZIP CODE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

17. OFFICER, POSITION AND & OWNED: \_\_\_\_\_

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ OWN RENT

CITY, STATE AND ZIP CODE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

18. NAME OF ACCOUNTANT: \_\_\_\_\_

FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

19. NAME OF ATTORNEY: \_\_\_\_\_

FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

20. NAME OF INSURANCE AGENT: \_\_\_\_\_

FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

21. NUMBER OF EMPLOYEES: \_\_\_\_\_

22. DATE OF LAST INCOME TAX RETURN FILED: \_\_\_\_\_

COPY PROVIDED HEREWITH YES NO

23. HOW OFTEN DO YOU FILE 941 PAYROLL TAXES: WEEKLY MONTHLY QUARTERLY ANNUALLY

24. A COPY OF THE LAST TWELVE 941 FILINGS AND PROOF OF PAYMENT IS PROVIDED HEREWITH: YES NO

25. ARE ANY OF YOUR FEDERAL, STATE, OR LOCAL TAXES PAST DUE? YES NO

26. IF YOUR ANSWER TO #25 IS YES, PLEASE EXPLAIN (INCLUDE TYPE, PERIOD AND AMOUNT OF TAXES DUE)

\_\_\_\_\_

27. HOW OFTEN ARE FINANCIAL STATEMENTS PREPARED? \_\_\_\_\_

ATTACH LATEST FINANCIAL STATEMENT

28. DOES THE COMPANY OWN REAL ESTATE? YES NO IF YES, DESCRIBE: \_\_\_\_\_

29. AMOUNT OF ACCOUNT RECEIVABLE NOW OPEN: \_\_\_\_\_

AVERAGE MONTHLY SALES: \_\_\_\_\_

30. NUMBER OF ACCOUNTS: \_\_\_\_\_ TERMS OF SALE: \_\_\_\_\_

31. ARE YOU CURRENTLY FACTORED? YES NO HAVE YOU BEEN FACTORED IN THE PAST? YES NO

IF YES, WITH WHOM AND UNDER WHAT CORPORATE NAME \_\_\_\_\_

32. DO YOU FINANCE RECEIVABLES AND/OR YOUR INVENTORY? YES NO

HAVE YOU FINANCED YOUR RECEIVABLES AND/OR YOUR INVENTORY IN THE PAST? YES NO

IF YES, WITH WHOM AND UNDER WHAT CORPORATE NAME \_\_\_\_\_

33. ARE YOUR RECEIVABLES PLEDGED AS COLLATERAL? YES NO

IF YES, TO WHOM? \_\_\_\_\_

34. ARE THERE OTHER COMMERCIAL LOANS OUTSTANDING? YES NO

IF YES, DESCRIBE: \_\_\_\_\_

35. ARE THERE EQUIPMENT LEASES OUTSTANDING? YES NO IF YES EXPLAIN (INCLUDING NAME OF

LESSOR, DESCRIPTION OR EQUIPMENT LEASED, TERMS OR THE LEASE AND PERIOD REMAINING) \_\_\_\_\_

36. AMOUNT OF ORDERS NOW OPEN: \_\_\_\_\_

DESCRIBE MERCHANDISE IN ORDERS; DELIVERY DATES; AND CUSTOMERS PLACING THE ORDERS (ATTACH  
ADDITIONAL SCHEDULE IF NECESSARY) \_\_\_\_\_

37. PLEASE ATTACH A COPY OF PHOTO ID (EG: DRIVER'S LICENSE, PASSPORT) OF ALL OFFICERS AND  
STOCKHOLDERS.

## GENERAL BANKING INFORMATION

### BUSINESS BANKING ACCOUNTS

NAME OF BANK: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

ADDRESS OF BANK: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ BANK OFFICER \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

ADDRESS OF BANK: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ BANK OFFICER \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

### BUSINESS LOANS

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_

HOW LONG? \_\_\_\_\_

ADDRESS OF FINANCIAL INSTITUTION: \_\_\_\_\_

LOAN NUMBER \_\_\_\_\_ OFFICER \_\_\_\_\_

TELEPHONE \_\_\_\_\_ TYPE AND AMOUNT OF LOAN \_\_\_\_\_

COLLATERAL \_\_\_\_\_

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_

HOW LONG? \_\_\_\_\_

ADDRESS OF FINANCIAL INSTITUTION: \_\_\_\_\_

LOAN NUMBER \_\_\_\_\_ OFFICER \_\_\_\_\_

TELEPHONE \_\_\_\_\_ TYPE AND AMOUNT OF LOAN \_\_\_\_\_

COLLATERAL \_\_\_\_\_

### PERSONAL ACCOUNTS

NAME OF BANK: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

ADDRESS OF BANK: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ BANK OFFICER \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

ADDRESS OF BANK: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ BANK OFFICER \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

PLEASE PROVIDE THE NAMES OF THREE BUSINESS REFERENCES (INLCUDE TITLE, COMPLETE ADDRESS, AND TELEPHONE NUMBER)

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THE STATEMENTS MADE AND INFORMATION FURNISHED IN CONNECTION WITH THIS APPLICATION ARE TRUE AND CORRECT AND I UNDERSTAND THAT STERLING WILL RELY ON THEM IN PROCESSING MY APPLICATION. IN THAT CONNECTION, I HEREBY AUTHORIZE STERLING AND ITS DESIGNEES TO USE ANY BUSINESS OR CONSUMER REPORTING COMPANY OR CREDIT BUREAU TO VERIFY THE FOREGOING TO OBTAIN BACKGROUND INFORMATION REGARDING MY BUSINESS AND ME AND THE INFORMATION PRESENTED IN THE FOREGOING AND TO DISCLOSE IT TO STERLING IN SUPPORT OF THIS APPLICATION.

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_