ROSENTHAL & ROSENTHAL

CONFIDENTIAL CREDIT APPLICATION AND COMPANY PROFILE



GENERAL BUSINESS INFORMATION											
Legal Name of Business/Corp: Year business started											
Trade Name (DBA):			Website:		current owners	hip:					
Street Address:		City:		Sta	te:	Zip:					
Any other business locations: Yes No If yes, please provide location information Main Phone:				Type of Business:							
		Alt. Phone:		Fax:							
Legal Business Structure	e: State:	Corpora	tion Partnersh	ip LLC Sol	e Proprietor	Other:					
Federal Tax ID#: Give a brief description of what you do:											
How did you hear about us or who where you referred by?											
ACCOUNTS RECEIVABLE INFORMATION											
# Active Customers with Open Balance:	Current open A/F (value of unpaid		Annual Sales \$:		Credit Li Request						
Average Monthly Sales:		Average # Invs per		rage Invoice ue \$:		Historic Dilution %:					
Projected Volume next 12 months:	Any	Month: Seasonality?	No Yes,	explain:							
Supplier Terms:		de Credit Irance?	No	Yes, who with?	•						
Hold No Yes, where? Own warehouse or 3PL? Inventory Inventory? Balance \$:											
What methods do your customers use to pay you? Check Cash Credit Card Electronic Payment Other:											
Standard Terms of Sale: Any terms over Net 60? Amount written off last 12											
months?											
TOP 20 DEBTORS Customer Name	Address	City	Country	Annual Volun	ne Line Amo	unt Terms of	# Years				
Oustomer Name	Address	Oity	Country	Aillidai Voidi	\$	Sale	Trading				
			+	1							

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BACKGROUND INFORMATION (Please explain any "Yes" answers)									
Are there any loans, private or commercial, now outstanding?			Yes, explain:						
Are there any Judgments, Liens or Bankr pending, in effect or discharged against tl		No	Yes, explain:						
Are you currently, or have you ever used	a Factoring Company?	No	Yes, explain:						
Any Federal or State taxes, including Pay	/roll Taxes, delinquent??	No	Yes, explain:						
Has the Company ever operated under a different name?			Yes, explain:						
Do you have any ownership in other companies?			Yes, explain:						
OWNER/OFFICER INFORMATION (All additional owner's will be sent their own application form for completion.)									
Owner/Officer #1 Name:	Email:			Ownership Percentage:					
Address:				relocitage.					
Position:	Phone #:			SSN:					
Owner/Officer #2 Name:	Email:			Ownership Percentage:					
Address:				r ercentage.					
Position:	Phone #:			SSN:					
Owner/Officer #3 Name:	Email:			Ownership Percentage:					
Address:				r ercentage.					
Position:	Phone #:			SSN:					
Are there any additional owners? No	Yes. If yes, please prov	vide full r	name, phone number and email below.						
AUTHORIZATION TO RELEASE INFORMATION - he information supplied in this Confidential Financing Application and Company Profile form and all forms and documents submitted to Rosenthal & Rosenthal or its Assignee (collectively "Funder") in connection herewith is true and correct to the best of my/our knowledge and belief. I/we hereby authorize Funder to investigate my/our financial responsibility and credit worthiness and will provide financial statement, tax returns, or other materials or information as requested by Funder and to verify any information provided from any source Funder may choose. I/we grant Funder the right to procure any and all credit or other investigative reports to any party to this application. I/we grant Funder the right to release any of the information contained herein or any results from any investigation of the information contained herein to any third party that may become part of any financing transaction between applicants and Funder or to whom Funder may refer this applicant to for funding. I/we further grant to any source from which Funder has requested information about applicant(s), the authorization to release such information to Funder. Applicant acknowledges that Funder will rely on the information provided herein to make its credit decision regarding Applicant. This application has been completed and signed under penalty of perjury. A photocopy, including a fax copy, of this authorization may be accepted as an original.									
Signature:	Full Name:		Title:	Date:					

Please provide the following: Current AR and AP Aging, 2 years FYE financial statement and current year interims