

COMMERCE POINT CAPITAL, INC.

Tel. 1 (800) 928-2237 x7
 Fax 1 (877) 599-5741

FINANCING APPLICATION

Legal Corporate Name		DBA or Trade Name		Federal Tax ID#	
Street Address		City, State, Zip		Web Site Address	
Mailing Address/Billing Address		City, State, Zip		Years in the Industry	
State Of Incorporation/Organization		Date of Business Started		Years Under Current Ownership	
Contact Name	Position	Phone	Fax	Email Address	
Describe Type of Product/Service Sold:					
Purpose of funding:					
Type of Entry (Check one) Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/>					

Principal No. 1 _____ % of Ownership

Name		Social Security #		Date of Birth		Position	
Driver's License #, State		Home Phone #		Cell Phone #			
Home Address			City		State		Zip

Principal No. 2 _____ % of Ownership

Name		Social Security #		Date of Birth		Position	
Driver's License #, State		Home Phone #		Cell Phone #			
Home Address			City		State		Zip

Revenue/ Credit Card Information

Total Annual Revenue \$		% Amex		% Visa/MC		% Cash		% Other	
Average % of Sales Charged back		Average Ticket \$		How many Locations					
Merchant Return Policy:									
Processors Name:			Processors Contact:			Processors Contact Phone #:			
How Long with this Processor Years _____ Months _____			Does Processor Keep Reserve Yes <input type="checkbox"/> No <input type="checkbox"/>			If Yes, how much? \$			

Trade References

Company		Contact Name		Phone #		Fax #	
Company		Contact Name		Phone #		Fax #	
Company		Contact Name		Phone #		Fax #	

Bank Information

Bank Name	City	State	Zip Code	Phone #
Contact Name	Account #	ABA #		

Loans

List type and amounts of loans:	
Are any loans secured? (Did you pledge any assets to guarantee loan) Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain

Property Information

Own/Lease	Lease Start Date	Lease End Date	Monthly Rent/ Mtg	Square Footage (approx.)
Landlord Contact Name	Phone #	Fax #	Current Y/N Yes <input type="checkbox"/> No <input type="checkbox"/>	

Accountant

Accountant's Name	Firm	Phone #	Fax #
-------------------	------	---------	-------

Background

Have you or any of your affiliates ever been in Bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, what is the status?	Court:
Are any judgments, suits or liens pending against applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please explain	

How did you hear about us?

******* IMPORTANT INFORMATION – PLEASE READ CAREFULLY *******
Authorization to release Credit Information and Credit Polices

By submitting this application I have verified that all information submitted on this application is true and correct to the best of my knowledge. Commerce Point Capital, Inc.. and/or its designated assignees are authorized to make all inquiries they consider necessary to verify the accuracy of this statement and to determine the applicant's and the principle owner's credit worthiness. I understand and agree additional finance companies and lender(s) can furnish information concerning my account to consumer reporting agencies and others who may properly receive that information. Furthermore, I am signing that I have read this disclosure and agree to all the terms set forth

Agreed and Accepted,

PRINCIPAL OWNER'S OF THE APPLICANT

BY

_____	_____	_____	_____
Applicant's Signature	Printed Name	Title	Date

_____	_____	_____
Sales Representative Signature	Sales Representative Name	Date