

Alternative Capital, Inc Administrative Application

Business Information

| | | | |
|--|---|-----------------------------------|-------------------------|
| Business Legal Name: | | Business DBA Name (if different): | |
| Business Physical Address: | Suite / Floor: | City: | State: Zip: |
| Business Mailing Address (if different): | | City: | State: Zip: |
| Business Phone: | Business Fax: | Mobile: | |
| Business Website URL: | | Email: | |
| Legal Entity: | Length of Ownership: | Federal Tax ID: | State of Incorporation: |
| Date Business Established: | Is Business for Sale? <input type="checkbox"/> No <input type="checkbox"/> Yes | Landlord Name: | |
| Type of Business: | Products/Services Sold: | Landlord Phone Number: | Rent/Lease Payment: |

Business Owner Information

| | | | | | |
|----------------------------|----------------|---------------|-------|--------|------|
| Principal (1) Name: | | Home Address: | City: | State: | Zip: |
| Home Phone: | Mobile: | Email: | | | |
| Social Security Number: | Date of Birth: | Ownership %: | | | |
| Principal (2) Name: | | Home Address: | City: | State: | Zip: |
| Home Phone: | Mobile: | Email: | | | |
| Social Security Number: | Date of Birth: | Ownership %: | | | |

Processing and Funding Details

| | | | |
|-------------------------|--------------------------|-----------------------------|--------------------------------|
| Avg Monthly Deposits: | Avg Monthly Total Sales: | Avg Monthly Revenue: | Avg Quarterly Revenue: |
| Desired Capital Needed: | Minimum Capital Needed: | Current Processing Company: | Purpose/Use of Capital Needed: |

Trade Information

| | | |
|-----------------|-----------------|-----------------|
| Business Name: | Business Name: | Business Name: |
| Contact Name: | Contact Name: | Contact Name: |
| Contact Number: | Contact Number: | Contact Number: |

Background Information

| | |
|--|---|
| Has this company ever used commercial financing before? | <input type="checkbox"/> No <input type="checkbox"/> Yes, Please explain: |
| Does the Company have an open business financing plan with another provider? | <input type="checkbox"/> No <input type="checkbox"/> Yes, with whom: |
| Are there any Federal and/or State taxes past due? | <input type="checkbox"/> No <input type="checkbox"/> Yes, Please explain: |
| Has this Company or any of its Principals ever filed for bankruptcy? | <input type="checkbox"/> No <input type="checkbox"/> Yes, Please explain: |
| Are there any Federal and/or State tax liens filed or pending? | <input type="checkbox"/> No <input type="checkbox"/> Yes, Please explain: |

Statement of Accuracy and Authorization

I hereby represent that all the above information is true and understand that making false statements might be considered fraud. By providing the above information, the applicant(s) authorize you to whom this application is made or your agents to investigate my/our financial responsibility and credit worthiness, specifically principal and corporate entities, and will provide financial statements, tax returns, etc. as you deem necessary. A photocopy of this authorization will be deemed as acceptable for release of credit information. I/We authorize Floyd Bryant to receive pertinent information regarding the commercial lease for the above referenced location from my leasing company and or agent. I/We authorize you to update my/our credit profile from time to time in the future, as you deem appropriate.

| | | |
|--------------------------------|-----------------------------|-------|
| Printed Name of Principal (1): | Signature of Principal (1): | Date: |
| Printed Name of Principal (2): | Signature of Principal (2): | Date: |

Information Disclosure Letter

I/We grant our irrevocable permission to release our confidential information to Floyd Bryant and his affiliated companies. I/We understand this information is being used for their credit/underwriting purpose only.

This permission is specifically given to:

| BANK INFORMATION | | | LANDLORD INFORMATION | | |
|-------------------------|--------|------|-----------------------------|--------|------|
| Bank Name: | | | Company Name: | | |
| Address or Branch: | | | Address: | | |
| City: | State: | Zip: | City: | State: | Zip: |
| Contact Name: | | | Contact Name: | | |
| Phone Number: | | | Phone Number: | | |

Permission is also granted to contact any business past, present or future, we may deal with including Banks, Landlords, and Insurance companies we currently use or will use in the future.

X _____
(Signature)

X _____
(Signature)

(Print Name)

(Print Name)

(Title)

(Date)

(Title)

(Date)

(Business Name)

(Business Name)

Verification of this authorization may be confirmed by calling the business at: _____
(Business Telephone Number)