

RilCorp. Brokerage

990 Cherry Ave Suite 204, Long Beach Ca 90813

Direct 323-481-6998 Fax 562-685-0531 RilCorp@live.com

RILCORP.COM

FINANCING APPLICATION

Referring Broker/Affiliate (if applicable) Business Name _____ Contact Person: _____

Email: _____ Phone: _____ Fax: _____

TELL US ABOUT YOUR REQUEST

Ref Code: _____

Amount Requested \$ _____ Minimum Amount Needed \$ _____

Describe the Type of Loan Reason for your Loan Request (Be specific)

Use of Funds (1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____

GENERAL BUSINESS INFORMATION

Legal Business Name _____ DBA _____

State Tax ID Number _____ Federal Tax ID Number _____

Tel _____ Fax _____ Alternate Contact # _____

Street _____ City _____

State _____ Zip _____ Website Address _____

Total Assets \$ _____ Total Liabilities \$ _____ Net Worth \$ _____

Nature of the Business _____

Month/Year Established _____ / _____ Number of Employees _____ Dunn & Bradstreet # _____

Revenues Gross: 2009 \$ _____ 2010 \$ _____ Year to Date-2011 \$ _____ (thru _____ /month)

Net: 2009 \$ _____ 2010 \$ _____ Year to Date-2011 \$ _____ (thru _____ /month)

**Provide taxes and financials if available via fax.*

Sole Proprietorship _____, Partnership _____, C-Corp _____, Sub-S Corp _____, LLC Corp _____, Other _____

APPLICANT INFORMATION

Last Name _____ First _____ MI _____

Home & Cell Phone _____ Email Address _____

Home Address _____ City _____

State _____ Zip _____ Social Security Number _____ - _____ - _____ Date Of Birth _____ - _____ - _____

Title with above Company _____ % Ownership in above Company _____

Total Household Income (yearly) \$ _____ Total Assets \$ _____ Total Liabilities \$ _____

CO-APPLICANT INFORMATION

Last Name _____ First _____ MI _____

Home & Cell Phone _____ Email Address _____

Home Address _____ City _____

State _____ Zip _____ Social Security Number _____ - _____ - _____ Date Of Birth _____ - _____ - _____

Title with above Company _____ % Ownership in above Company _____

Total Household Income (yearly) \$ _____ Total Assets \$ _____ Total Liabilities \$ _____

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BANKING AND ACCOUNT INFORMATION

#1 Bank/Institution _____ Account # _____

Type of Account: Checking Savings Other Average Account Balance \$ _____ (prefer 4 figures)

Contact Name _____ Phone #: _____ Fax #: _____

Date Opened: _____ NSF's _____ Current Balance: _____ Signer: _____

#2 Bank/Institution _____ Account # _____

Type of Account: Checking Savings Other Average Account Balance \$ _____ (prefer 4 figures)

Contact Name _____ Phone #: _____ Fax #: _____

Date Opened: _____ NSF's _____ Current Balance: _____ Signer: _____

ASSET & ADDITIONAL INFORMATION

Real Estate Owned

Value of Residential Real Estate Owned \$ _____ Mortgage Balance(s) \$ _____

Description of Residential Real Estate & Address: _____

1) Value of Commercial Real Estate Owned \$ _____ Mortgage Balance \$ _____

Description of Commercial Real Estate & Address: _____

2) Value of Commercial Real Estate Owned \$ _____ Mortgage Balance \$ _____

Description of Commercial Real Estate & Address: _____

Mortgage/Land Lord Information (If you don't own your commercial property/business location please fill out below as well)

1) Mortgage/Landlord Holder Name _____ Phone # _____ Fax # _____

How many years remain on Lease? _____ How many years remain on Note? _____ Mortgage Balance _____

2) Mortgage/Landlord Holder Name _____ Phone # _____ Fax # _____

How many years remain on Lease? _____ How many years remain on Note? _____ Mortgage Balance _____

Business Equipment Owned (Free and Clear)

Office Equipment & Furnishings \$ _____ (Computers, Telephones, POS Systems, Copiers, Furniture, etc)

Industrial and Manufacturing Equipment \$ _____

Construction and Farm Equipment \$ _____ (Yellow Iron-Tractors, Loaders, Dozers, Generators,..etc)

Medical and Dental Equipment \$ _____ Other \$ _____ Describe _____

Equipment Purchases

Do you plan to purchase equipment? Yes or No If yes, type: _____

Vendor Name: _____ Vendor Phone #: _____ Contact: _____

Receivables & Purchase Orders

Total receivables \$ _____ Avg. Inv. Size \$ _____ # of Accts. _____ Mo. Sales Vol. _____

Total Receivables Current \$ _____ 30-60 DAYS _____ 60-90 DAYS _____ Over 90 _____

Purchase Orders \$ _____ Avg. PO Size \$ _____ # of Accts _____

Have you received PO financing previously or now? Yes or No If yes, who: _____

Merchant Account

Average monthly sales from Visa/MC \$ _____ Processor: _____ Terminal Type: _____

How Processed: % Card Swiped: _____ % Manually Keyed w/Imprints: _____ % w/out Imprint: _____

% Phone/Mail Order: _____ % Internet: _____

Married _____ Single _____ Separated _____ Divorced _____

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TRADE REFERENCE(S) (*the longer the trade reference has been open the better and will be verified).

1. Company Name _____ Account # _____ Phone Number _____ Fax Number _____
Open Date _____ Signer(s) _____ Satisfactory? _____ High Credit _____ Current Balance _____ Contact Name _____

2. Company Name _____ Account # _____ Phone Number _____ Fax Number _____
Open Date _____ Signer(s) _____ Satisfactory? _____ High Credit _____ Current Balance _____ Contact Name _____

3. Company Name _____ Account # _____ Phone Number _____ Fax Number _____
Open Date _____ Signer(s) _____ Satisfactory? _____ High Credit _____ Current Balance _____ Contact Name _____

CREDIT EVALUATION

Rate your Personal Credit on a scale of 1-10 Poor 1—2—3—4—5—6—7—8—9—10 Excellent (Circle one)

Do you know your personal credit score? Yes or No If so, what are Score(s)? _____

Rate your Business Credit on a scale of 1-10 Poor 1—2—3—4—5—6—7—8—9—10 Excellent (Circle one)

Do you know if you have a D & B Business Credit File? Yes or No Do you know your D & B Paydex Score? _____

MISCELLANEOUS INFORMATION

Do you have any federal & state taxes past due? Yes or No If yes, how much: Federal \$ _____ State \$ _____

Are you currently under the protection of the United States Bankruptcy Laws? Yes or No

Have you been turned down previously: (This information is critical in determining what issues that need to be overcome).

By whom and Reason(s): _____

Are you currently working with any lender, consultant or broker on this transaction? Yes or No

If yes, who: _____

AGREEMENT

I/We completed an application containing various information and certify that all of the information is true and complete. I/We further hold FUNDING EDGE and/or its assigns harmless of any misrepresentation on the *Business Financing Application* and/or other documents provided. I/We hereby authorize FUNDING EDGE and/or its assigns to investigate my credit worthiness and verify any information provided on my/our application and other related documents.

Business Name _____

Signature _____ Printed Name _____ Title _____ Date _____

Signature _____ Printed Name _____ Title _____ Date _____