



230 Peachtree Street N.W. Suite 1910, Atlanta, Georgia 30303

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www.actioncapital.com

### ACCOUNT APPLICATION

|                |               |                        |                |     |
|----------------|---------------|------------------------|----------------|-----|
| Company Name   |               |                        |                |     |
| Street Address |               |                        |                |     |
| City State Zip |               |                        | Date Started   |     |
| County         |               | State of Incorporation |                |     |
| Phone          |               | Fax                    |                |     |
| E-Mail         |               | Website                |                |     |
| Business Type  | Corporation   | Partnership            | Proprietorship | LLC |
| Tax Status     | C Corporation | Sub-Chapter S          |                |     |

| PRINCIPALS (Major shareholders and/or officers) |       |              |         |           |
|-------------------------------------------------|-------|--------------|---------|-----------|
| Name                                            | Title | Home Address | % Owned | SS Number |
|                                                 |       |              |         |           |
|                                                 |       |              |         |           |
|                                                 |       |              |         |           |

| CREDIT REFERENCES | Name | Address | Phone | Contact |
|-------------------|------|---------|-------|---------|
| Bank              |      |         |       |         |
| Supplier #1       |      |         |       |         |
| Supplier #2       |      |         |       |         |
| Equipment Lessor  |      |         |       |         |

| FACILITIES INFORMATION                                                                                     |                |                    |                       |
|------------------------------------------------------------------------------------------------------------|----------------|--------------------|-----------------------|
| Do you [ <input type="checkbox"/> ] Own or [ <input type="checkbox"/> ] Lease your facilities? (check one) |                |                    |                       |
| Facility                                                                                                   | Landlord/Owner | Date Lease Expires | Monthly Rent/Mortgage |
|                                                                                                            |                |                    |                       |
|                                                                                                            |                |                    |                       |

FINANCING ACCOUNTS RECEIVABLE SINCE 1959

## FINANCIAL INFORMATION

|                                                                             |                                                                                                                      |    |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----|
| Are Company's Accounts Receivable pledged to a lender as collateral?        | Yes                                                                                                                  | No |
| If Accounts Receivable are pledged, to whom?                                |                                                                                                                      |    |
| Date of Company's Fiscal Year End:                                          |                                                                                                                      |    |
| Payroll Service Provider:                                                   |                                                                                                                      |    |
| <b>Please Attach the Following and Indicate Attached Items With An "✓":</b> |                                                                                                                      |    |
| <input checked="" type="checkbox"/>                                         | (If any item is not available, provide the date when it is expected to be available)                                 |    |
| <input type="checkbox"/>                                                    | 1) 3 most recent year-end financial statements and federal income tax returns                                        |    |
| <input type="checkbox"/>                                                    | 2) Most recent monthly or quarterly financial statement (Interim)                                                    |    |
| <input type="checkbox"/>                                                    | 3) Accounts receivable aging and accounts payable aging                                                              |    |
| <input type="checkbox"/>                                                    | 4) 3 most recent monthly bank statements from primary operating account                                              |    |
| <input type="checkbox"/>                                                    | 5) List of accounts to be financed, including name and address of company, contact person, email, phone & fax number |    |
| <input type="checkbox"/>                                                    | 6) Attach a copy of significant government and commercial contracts to be financed                                   |    |
| <input type="checkbox"/>                                                    | 7) 4 most recent 941 quarterly tax filings and Proof of Payment                                                      |    |
| <input type="checkbox"/>                                                    | 8) Personal Financial Statement for each Principal Owner                                                             |    |
| <input type="checkbox"/>                                                    | 9) Articles of Incorporation or LLC Operating Agreement                                                              |    |

|                                                                  |        |         |                 |
|------------------------------------------------------------------|--------|---------|-----------------|
| <b>TAX INFORMATION</b>                                           |        |         |                 |
| Federal Tax ID Number                                            |        |         |                 |
| State Tax ID Number                                              |        |         |                 |
| How frequently do you make 941 tax deposits?                     | Weekly | Monthly | Quarterly       |
| Does the company have any overdue Federal, State or Local taxes? | Yes    | No      |                 |
| If so, have liens or levies been initiated?                      | Yes    | No      | Amount overdue: |

|                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATION AND RELEASE</b>                                                                                                                                                                                                                    |
| The above statements are true and accurate to the best of my knowledge and belief. This serves as my permission for the release of any information to Action Capital Corporation for the purpose of its credit investigation with this Application. |

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Title Date

**PERSONAL FINANCIAL STATEMENT**

CONFIDENTIAL

Important: Read these directions before completing this Statement.

Check One

- If you are applying for individual credit in your name and are relying on your own income or assets and not The income or assets of another person as the basis for repayment of the credit requested, complete Sections 1 and 3.
- If you are applying for joint credit with another person, complete all Sections providing information in Section 2 about the joint applicant.
- If this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s), complete Sections 1 and 3.

To: Action Capital Corporation

| Section 1 - INDIVIDUAL INFORMATION          | Section 2 - OTHER PARTY INFORMATION      |
|---------------------------------------------|------------------------------------------|
| Name:                                       | Name:                                    |
| Residence Address:                          | Residence Address:                       |
| City, State & Zip:                          | City, State & Zip:                       |
| Position or Occupation:                     | Position or Occupation:                  |
| Business Name:                              | Business Name:                           |
| City, State & Zip:                          | City, State & Zip:                       |
| Res Phone:                      Bus. Phone: | Res Phone:                      Bus. Ph: |

Section 3 - STATEMENT OF FINANCIAL CONDITION AS OF: \_\_\_\_\_, 20\_\_\_\_

| ASSETS                                    |            | LIABILITIES                                       |            |
|-------------------------------------------|------------|---------------------------------------------------|------------|
| (Do not include Assets of doubtful value) | In Dollars |                                                   | In Dollars |
| Cash on hand and in banks                 |            | Notes payable to banks - secured see Sch. A       |            |
| Accounts Receivable - see Schedule D      |            | Notes payable to banks - unsecured see Sch. A     |            |
| Loans Receivable - see Schedule D         |            | Due to brokers                                    |            |
| Stocks & Bonds - see Schedule B           |            | Notes Payable to others                           |            |
| Real Estate Owned - see Schedule C        |            | Real estate mortgages payable - see Sch. C        |            |
| Automobiles                               |            | Unpaid Taxes                                      |            |
| Cash value life insurance - See Sch. E.   |            | Loans against cash value life insurance - Sch. E. |            |
| Other Assets - itemize                    |            | Accounts Payable                                  |            |
|                                           |            | Other debts - itemize                             |            |
|                                           |            |                                                   |            |
|                                           |            | TOTAL LIABILITIES                                 |            |
|                                           |            | NET WORTH                                         |            |
| TOTAL ASSETS                              |            | TOTAL LIABILITIES AND NET WORTH                   |            |

| SOURCES OF INCOME FOR YEAR ENDED: _____, 20____ |  | CONTINGENT LIABILITIES                                                                           |            |
|-------------------------------------------------|--|--------------------------------------------------------------------------------------------------|------------|
|                                                 |  |                                                                                                  | In Dollars |
| Salary                                          |  | Do you have any contingent liabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No |            |
| Bonuses & Commissions                           |  | If so describe.                                                                                  |            |
| Dividends                                       |  | As endorser, co-maker or guarantor                                                               |            |
| Real Estate                                     |  | On leases or contracts.                                                                          |            |
| Real Estate Income                              |  | Legal claims                                                                                     |            |
| Other                                           |  | Other special debt                                                                               |            |
| TOTAL INCOME                                    |  | Amount of contested income tax liens                                                             |            |

**PERSONAL INFORMATION**

|                                                          |                                                                                |
|----------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have a will? If yes, name of executor.                                  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you a partner in any other venture? If yes, describe.                      |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you obligated to pay alimony or child support? If yes, amount of payment.  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are any assets pledged other than as described on schedules? If yes, describe. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you a defendant in any suits or legal actions?                             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever declared bankruptcy in the last 14 years?                        |
| Income Tax settled through (date) _____                  |                                                                                |

**SCHEDULE A - FINANCIAL INSTITUTIONS WHERE CREDIT HAS BEEN OBTAINED OR DEPOSITS MAINTAINED**

| Name of Financial Institution | Cash Deposit Balances | Loan Balances | Original Date | Loan Terms | # of Months | Monthly Payment | Secured By |
|-------------------------------|-----------------------|---------------|---------------|------------|-------------|-----------------|------------|
|                               |                       |               |               |            |             |                 |            |
|                               |                       |               |               |            |             |                 |            |
|                               |                       |               |               |            |             |                 |            |

**SCHEDULE B - STOCKS & BONDS**

# of Shares

| Face Value (Bonds) | Description | In Name of | Pledged To | Price Per Share | Market Value |
|--------------------|-------------|------------|------------|-----------------|--------------|
|                    |             |            |            |                 |              |
|                    |             |            |            |                 |              |
|                    |             |            |            |                 |              |

**SCHEDULE C - REAL ESTATE OWNED**

| Address & Type of Property | % of Owned | Date Acquired | Cost | Market Value | # of Payments/ Monthly Payment | Mortgage Balance |
|----------------------------|------------|---------------|------|--------------|--------------------------------|------------------|
|                            |            |               |      |              |                                |                  |
|                            |            |               |      |              |                                |                  |
|                            |            |               |      |              |                                |                  |

**SCHEDULE D - ACCOUNTS, LOANS AND NOTES RECEIVABLE**

| Name and Address of Debtor | Amount Owing | Age of Debt | Nature of Debt | Date Pymt Expected |
|----------------------------|--------------|-------------|----------------|--------------------|
|                            |              |             |                |                    |
|                            |              |             |                |                    |

**SCHEDULE E - LIFE INSURANCE CARRIED**

| Name of Insurance Company | Owner of Policy | Beneficiary | Face Amount | Policy Loans | Cash Surrender Value |
|---------------------------|-----------------|-------------|-------------|--------------|----------------------|
|                           |                 |             |             |              |                      |
|                           |                 |             |             |              |                      |

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that THE INFORMATION PROVIDED IS TRUE AND COMPLETE and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquires you deem necessary to verify the accuracy of the statements made herein, and to determine my/our credit worthiness. You are authorized to answer questions about your credit experience with me/us.

Signature (individual) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Signed this Date \_\_\_\_\_, 20 \_\_\_\_

Signature (other party) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Signed this Date \_\_\_\_\_, 20 \_\_\_\_