

Lichtenstein Capital Markets

Corporate Finance and Real Estate Investment Banking

4620 Arlington Avenue - Penthouse Suite - Riverdale, New York 10471 USA

(800) 242-9888 or (212) 255-4888 or (718) 549-5999 Fax: (212) 255-5277 or (718) 549-2334

CREDIT APPLICANT

Legal Company Name _____ DBA _____

Address _____
Street Address _____ City _____ State _____ ZIP _____

Telephone # () _____ Fax # () _____

Date of Ownership _____ Federal Tax I.D. # _____

Select One: _____ Corporation _____ Sub S _____ L.L.C. _____ Partnership _____ Prop

Present Number of Employees: _____ Estimated Annual Revenue: \$ _____

OWNERS/OFFICERS/PARTNERS *List Full Legal Name, Title & Residence Address*

Name _____ Title _____

S.S. # _____ % of Ownership _____ Telephone # () _____

Email Address _____ Address _____

City _____ State _____ ZIP _____

Name _____ Title _____

S.S. # _____ % of Ownership _____ Telephone # () _____

Email Address _____ Address _____

City _____ State _____ ZIP _____

BANK AND OTHER FINANCIAL DEPOSIT PRIMARY ACCOUNT

Name _____ Acct. # _____ Telephone # _____

Contact _____ Date Acct. Opened _____

Type Acct. (Choose One): Checking: Savings: Loan:

Name _____ Acct. # _____ Telephone # _____

Contact _____ Date Acct. Opened _____

Type Acct. (Choose One): Checking: Savings: Loan:

TRADE REFERENCES

TELEPHONE

CONTACT/ACCT

Name _____ () _____

Name _____ () _____

Authorization to release bank information

I/We hereby authorize Lender _____ to investigate my/our financial responsibility and credit worthiness, including personal and business credit bureau reports as needed. This is my/our authorization for the herein listed bank and trade references to release any information requested by telephone as part of Lender Inc. or their assigns normal credit procedure.

Signature _____

Title _____

Date _____

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1-212-255-4888 or 718-549-5999

ACCOUNTS RECEIVABLE FINANCING

Application To Enter Into A Security Agreement

1. Business Name: _____ Phone: () _____
2. Street Address: _____ Fax: () _____
3. County: _____ City: _____ State: _____ Zip Code: _____
4. Date Established: _____ Does company own real property? Yes No
5. If doing business in more than one place, list additional addresses: _____

6. Type of Business: _____

Principals

- 7. PRESIDENT, SOLE PROPRIETOR, OR SENIOR PARTNER**
Name: _____ Driver's License No. _____
Home Street Address: _____ Own Rent
City, State, Zip Code: _____
% OWNED _____ Home Phone: () _____ Social Security Number: _____ Date of Birth: _____

- 8. SECRETARY OR OTHER PARTNER**
Name: _____ Driver's License No. _____
Home Street Address: _____ Own Rent
City, State, Zip Code: _____
% OWNED _____ Home Phone: () _____ Social Security Number: _____ Date of Birth: _____

- 9. OTHER OFFICER, SHAREHOLDER, OR PARTNER**
Name: _____ Driver's License No. _____
Home Street Address: _____ Own: Rent
City, State, Zip Code: _____
% OWNED _____ Home Phone: () _____ Social Security Number: _____ Date of Birth: _____

- 10. OTHER OFFICER, SHAREHOLDER, OR PARTNER**
Name: _____ Driver's License No. _____
Home Street Address: _____ Own Rent
City, State, Zip Code: _____
% OWNED _____ Home Phone: () _____ Social Security Number: _____ Date of Birth: _____

SUPPORT INFORMATION

11. Name of Accountant: _____ Firm: _____ Phone Number: () _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
12. Name of Attorney: _____ Firm: _____ Phone Number: () _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
13. Name of Insurance Agent: _____ Firm: _____ Phone Number: () _____
Street Address: _____ City: _____ State: _____ Zip Code: _____

TAX INFORMATION

14. Federal ID Number: _____ Number of Employees: _____
15. How often do you file 941 Payroll Taxes? Weekly Monthly Quarterly Yearly
16. Do you have any Federal or State Taxes past due? Yes No If yes, has lien been filed? Yes No
17. If yes to #16, please list type, quarter/year and amounts: _____

BANKING INFORMATION

BUSINESS CHECKING ACCOUNT

18. Name of Bank: _____ Date Account Opened: _____
19. Street Address: _____ City: _____ State: _____ Zip Code: _____
20. Account Number: _____ Name of Bank Officer: _____ Phone Number: () _____

BUSINESS LOAN ACCOUNT

21. Name of Financial Institution: _____ Phone Number: () _____
22. Street Address: _____ City: _____ State: _____ Zip Code: _____
23. How Long with Institution? _____ Loan Amount: _____ Collateral: _____

PERSONAL ACCOUNT OF: President Proprietor Partner

24. Name of Bank: _____ Date Account Opened: _____
25. Street Address: _____ City: _____ State: _____ Zip Code: _____
26. Checking Account Number: _____ Phone Number: () _____

SUPPLIER INFORMATION

27.

NAMES OF PRINCIPAL SUPPLIERS

PRODUCT SUPPLIED

PHONE NUMBER

A. _____ () _____

B. _____ () _____

C. _____ () _____

28. Are you presently leasing your business space? Yes No Period of Present Lease: _____

29. Name of Landlord and/or Management Company: _____

30. Street Address: _____ City: _____ State: _____ Zip Code: _____

31. Telephone Number: () _____ Monthly Rental Amount: _____

RECEIVABLE INFORMATION

32. What is the purpose of the funds to be generated from factoring? _____

33. Dollar Amount of Receivables Now Open: _____ Average Monthly Sales: _____

34. Approximate Number of Customers: _____ Terms of Sales: _____

35. Amount you intend to factor on a monthly basis: _____ anticipated volume: _____

36. Have you factored before? Yes No If yes, with what company have you/are you factoring? _____

37. Are receivables pledged as collateral? Yes No If yes, pledged to whom? _____

38. Any other Commercial Loans/Leases Outstanding? Yes No If yes, please list on back of this application.

39. How did you find out about Lichtenstein Capital Markets? _____

I/We have been told and do understand that the submission of an application for financing with Lichtenstein Capital (hereinafter "Lender" or assigns) does not mean that LENDER will factor or provide any financial services whatsoever.

I/We further have been told and do understand that approval to factor may come only after the manager of LCM approves said application and the invoices/accounts offered are approved in accordance with the terms of Lender's Capital Security Agreement.

The above statements are true and accurate to the best of my information and belief. This serves as my permission for the release of any information regarding this application for the purposes of credit investigation to Lender.

Signed: _____ Dated: _____, 19__

Print Name and Title: _____

SUPPORT DOCUMENTATION

COMPLETE APPLICATION, SIGN, & DATE ALSO SIGN THE REQUEST FOR BANK CREDIT INFORMATION
INFORMATION NEEDED BY Lichtenstein CAPITAL TO DETERMINE THE FEASIBILITY OF ENTERING
INTO AN ACCOUNTS RECEIVABLE PROGRAM:

- 1. Copy of DBA Filing and/or copy of Articles of Incorporation or Partnership Agreement where applicable _____ ()
- 2. Financial Statement _____ ()
- 3. Most Recent Income Tax Return _____ ()
- 4. Copy of 941 Withholding Tax Filings for last 4 quarters and proof of payments _____ ()
- 5. Accounts Receivable Aging Complete with Customer Names, Addresses, and Phone Numbers _____ ()
- 6. Copy of the Invoices you wish to finance
Include Purchase Orders and Proof of Delivery for each invoice _____ ()
- 7. Accounts Payable Aging _____ ()

ADDITIONAL INFORMATION FOR TRUCKING FIRMS

- 1. Copy of Trucking Authority _____ ()
- 2. Proof of Insurance (Copy of Binder) _____ ()

ADDITIONAL NOTES

LICHTENSTEIN CAPITAL MARKETS
Cash Flow Financing

1-800-242-9888 or 212-255-4888 or 718-549-5999 fax 212-255-5277

LICHTENSTEIN CAPITAL MARKETS

Direct Lender, Global Commercial Real Estate, Corporate Finance and Mortgage Investment Bankers

4620 Arlington Avenue-Penthouse Suite Riverdale, New York 10471

Email: DoctorMortgageTM@aol.com www.DoctorMortgage.com

Telephone: (800) 242-9888, (212) 255-4888, (718) 549-5999 or Fax: (212) 255-5277

THIS FORM FOR EQUIPMENT LEASE FINANCING

Application To Enter Into A Security Agreement

1. Business Name: _____ Phone: () _____
2. Street Address: _____ Fax: () _____
3. County: _____ City: _____ State: _____ Zip Code: _____
4. Date Established: _____ Does company own real property? Yes No
5. If doing business in more than one place, list additional addresses: _____

6. Type of Business: _____

Principals

7. **PRESIDENT, SOLE PROPRIETOR, OR SENIOR PARTNER**
Name: _____ Driver's License No. _____
Home Street Address: _____ Own Rent
City, State, Zip Code: _____
% OWNED _____ Home Phone: () _____ Social Security Number: _____ Date of Birth: _____
8. **SECRETARY OR OTHER PARTNER**
Name: _____ Driver's License No. _____
Home Street Address: _____ Own Rent
City, State, Zip Code: _____
% OWNED _____ Home Phone: () _____ Social Security Number: _____ Date of Birth: _____
9. **OTHER OFFICER, SHAREHOLDER, OR PARTNER**
Name: _____ Driver's License No. _____
Home Street Address: _____ Own Rent
City, State, Zip Code: _____
% OWNED _____ Home Phone: () _____ Social Security Number: _____ Date of Birth: _____
10. **OTHER OFFICER, SHAREHOLDER, OR PARTNER**
Name: _____ Driver's License No. _____
Home Street Address: _____ Own Rent
City, State, Zip Code: _____
% OWNED _____ Home Phone: () _____ Social Security Number: _____ Date of Birth: _____