

Please type or print clearly. Please fax completed application to 435-673-8724 or email to clientservice@adcomcapital.com

1 COMPANY INFORMATION

Business Name _____ Contact Name _____
Dba Name (if different) _____ Phone _____
Street Address _____ Cell _____
City _____ State _____ Zip _____ Fax _____
Mailing Address (if different) _____ County _____
City _____ State _____ Zip _____ Federal EIN _____
Email _____ Web Address _____ No. of Employees _____
Legal Status/Structure Corporation LLC Partnership Sole Proprietorship Other _____
Date/State Business Established (Date _____ /State _____) Dun & Bradstreet No. _____
Description of Business _____

2 OWNERS, OFFICERS AND/OR PARTNERS

If there are more than two owners, officers or partners, please attach the additional information to this application on a separate sheet of paper

Name _____ Title _____ % Owned _____ Driver's License #/State # _____ /St. _____
Home Street Address _____ Own Rent
City _____ State _____ Zip _____ Home Phone _____
Email _____ Date of Birth _____ Social Security # _____
Name _____ Title _____ % Owned _____ Driver's License #/State # _____ /St. _____
Home Street Address _____ Own Rent
City _____ State _____ Zip _____ Home Phone _____
Email _____ Date of Birth _____ Social Security # _____

3 BUSINESS BANKING INFORMATION

Name of Bank _____ Bank Officer _____
Address _____ Phone _____
City _____ State _____ Zip _____ Fax _____
Checking Account # _____ ABA Routing # _____ Date Opened _____

4 TRADE REFERENCES

Supplier Name _____ Contact _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____ Account # _____
Supplier Name _____ Contact _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____ Account # _____

5 FINANCIAL INFORMATION

Has your company, or its owners, ever filed for bankruptcy, or are you currently operating under bankruptcy proceedings? Yes No
If yes, please attach an explanation on a separate sheet of paper giving an explanation including the type of filing, date filed, and where filed.

Federal or State Taxes Past Due? Yes No If yes, Type/Amount _____ / \$ _____ Tax Lien Filed? Yes No
If you have more than one tax lien, please attach a separate sheet giving the details of the additional tax liens.

Has your company ever sold, factored, or pledged its receivables? Yes No If yes, with whom? _____

What are your average monthly sales? \$ _____ Anticipated monthly factoring volume \$ _____

Current Outstanding Receivables \$ _____ Average Invoice Amount \$ _____

What are your standard invoice terms? Net 15 Days Net 30 Days Net 45 Days Other _____

Do you have any commercial loans outstanding? Yes No If yes, provide lender name _____

6 TRUCKING AUTHORITY

MC # _____ US DOT # _____ Authority Type Common Contract

Do you have broker authority? Yes No If yes, what is your broker MC #? _____

If you have broker authority, do you intend to factor brokered loads? Yes No

Have you ever done business under any other name? Yes No If yes, provide the name and address where you operated _____

Have you ever operated under any other MC or US DOT numbers? Yes No If yes, provide the MC and/or US DOT number(s) _____

7 MISCELLANEOUS INFORMATION

Has there been a change of ownership in the past two years? Yes No If yes, please explain on a separate sheet

Does your company own or rent its business location? Own Lease If you lease, please provide the following information:

Name of Landlord and/or Management Company _____ Phone _____

Period of Present Lease _____ How Long at Current Location _____ Monthly Payment \$ _____

How did you find out about Advanced Commercial Capital? _____

8 SUPPORT INFORMATION CHECKLIST

For your application to be complete, please submit the following items with this application:

- | | |
|---|--|
| <input type="checkbox"/> Copy of Owner(s)/Applicant(s)' Driver's License(s) | <input type="checkbox"/> Proof of Bonding, if applicable |
| <input type="checkbox"/> Copy of your operating authority with MC# | <input type="checkbox"/> A completed W-9 Form |
| <input type="checkbox"/> Certificate of insurance – ACC as certificate holder | <input type="checkbox"/> Copy of a blank, voided check |
| <input type="checkbox"/> Last 2 (two) years tax returns | <input type="checkbox"/> Copy of 941s (last four quarters) with proof of payment |
| <input type="checkbox"/> Customer List with Addresses | <input type="checkbox"/> Accounts Receivable Aging |

9 SIGNATURE & AUTHORIZATION

I/we hereby certify that the information supplied in the Application and all forms and documents submitted to Advanced Commercial Capital herewith is true, correct and complete to the best of my/our knowledge and belief. I/we understand that the submission of this application indicates my/our intention to enter into a Security Agreement with Advanced Commercial Capital but does not obligate Advanced Commercial Capital to factor/finance or provide and financial services whatsoever. This serves as my authorization for the release of any information to Advanced Commercial Capital regarding this application for the purpose of credit investigation. I hereby authorize Advanced Commercial Capital to investigate the credit of all parties listed above. I also herein authorize Advanced Commercial Capital to contact our customers to verify any invoices submitted for factoring. I/we also authorize any financial institutions, trade references, and other vendors to release necessary information to Advanced Commercial Capital in order to verify the information contained herein.

Signed: _____ Date: _____ Name and Title: _____

Signed: _____ Date: _____ Name and Title: _____