# SHAPIRO FINANCIAL GROUP, LLC APPLICATION TO ENTER INTO FUNDING RELATIONSHIP

#### (Please Print Clearly)

Business Name:	County Located:
Address:	Telephone:
City,State,Zip:	Fax:
Corporation: Proprietorship: Partnership:	Cell Phone:
State of Incorporation: Date:	Other:
D/B/A Name, if applicable:	Federal Tax ID #:
Year Started:	E-mail:

# **Company Officers**

President	
Name:	Telephone:
Address:	Spouse:
City, State, Zip:	Soc. Sec. #:
% of Ownership:	D.L.#:
Vice-President	
Name:	Telephone:
Address:	Spouse:
City ,State, Zip:	Soc. Sec. #:
% of Ownership:	D.L.#:
Secretary	
Name:	Telephone:
Address:	Spouse:
City, State, Zip:	Soc. Sec. #:
% of Ownership:	D.L.#:
Treasurer	
Name:	Telephone:
Address:	Spouse:
City, State, Zip:	Soc. Sec. #:
% of Ownership:	D.L.#:

# **Banking Relationship**

Bank Name:	Contact:
Address:	City/State/Zip:
Telephone:	Account #:

## **Attorney Relationship**

Firm:	Contact:
City/ State	Telephone:

## **Accountant Relationship**

Firm:	Contact:
City/ State	Telephone:

Are you current	ntly factoring or us	sing a payroll serv	vice?
	□ YES		If yes, name:
Does the bank	have a security in	terest in the accou	ints receivable or inventory of the company?
	<b>YES</b>	NO	
Does any othe	r party have a secu	urity interest in the	e accounts receivable or inventory of the
company?	□ YES	NO	

#### IF YES, Secured Party:

Name:	City, State, Zip:
Address:	Purpose and Security:

Is the company current on its 940 and 941 taxes?

□ YES	NO	
Does the company/ you have a	any threatened or pending	; litigation against it/you?
$\Box$ YES	NO	

#### **Sales Information**

Normal Selling Terms:	Average Monthly Sales (last 12 months):
Dating Terms (if offered):	% of Sales to be Factored
Average Invoice Size:	Return Policy:

#### BRIEFLY DESCRIBE THE NATURE OF YOUR PRODUCT OR SERVICE:

# The following documents are <u>required</u> to allow Shapiro Financial Group, LLC to determine its ability to factor or fund the company's accounts:

- 1. Application (page 1 & 2) \*
- 2. Year to date and prior year company financial statement including balance sheet and P & L \*
- 3. Personal financial statement(s) of company owner(s) and current resume(s) \*
- 4. Certificate of Incorporation
- 5. Articles of Incorporation
- 6. D/B/A filing (if applicable)
- 7. Customer listing including name, address and phone number on each \*
- 8. Current accounts receivable aging \*
- 9. Current accounts payable aging (including names and addresses) \*
- 10. Blank invoice copy
- 11. Five trade references including name, address and phone number on each

The above information and documentation will be held in strict confidence and will be retained by Shapiro Financial Group, LLC.

The information contained in this application is true and correct. We hereby authorize any credit investigation on the company and principals which is deemed necessary by Shapiro Financial Group, LLC (SFG). We agree to reimburse SFG for all costs and expenses which they may incur during the application process and SFG is hereby authorized to file the appropriate UCC financing statements to secure this indebtedness.

Name

Date

Name

Date