

APPLICATION – Page 1

In order to expedite the approval process, please fill out this application completely. After initial approval is given, additional information may be required prior to funding.

COMPANY INFORMATION

Business Name: _____ Date Est.: _____ County: _____
Street Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ Cell Phone: _____
E-Mail Address: _____ Web Address: _____ Fax: _____
Legal Status: Corporation LLC Partnership Sole Proprietorship Federal Tax ID Number: _____
Description of Business: _____ Number of Employees: _____
Federal or State Taxes Past Due? Yes No If Yes, Type/Amount: _____ /\$ _____ Tax Lien Filed? Yes No

OFFICERS, OWNERS, OR PARTNERS

If more than two, please list any additional in Notes section of application.

Name & Title: _____ % Owned _____ Driver's License #: _____
Home Street Address: _____ Own Rent
City: _____ State: _____ Zip: _____ Home Phone: _____
E-Mail Address: _____ Date of Birth: _____ Social Security #: _____

Name & Title: _____ % Owned _____ Driver's License #: _____
Home Street Address: _____ Own Rent
City: _____ State: _____ Zip: _____ Home Phone: _____
E-Mail Address: _____ Date of Birth: _____ Social Security #: _____

BUSINESS BANKING INFORMATION

Name of Bank: _____ Date Opened: _____
City: _____ State: _____ Zip: _____ Phone: _____
Checking Account Number: _____ Any Commercial Loans Outstanding? Yes No
Loan Account Number/Amount: _____ /\$ _____ Bank Officer: _____

SUPPLIER INFORMATION

NAMES OF PRINCIPAL SUPPLIERS	PRODUCTS SUPPLIED	PHONE NUMBER
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

APPLICATION – Page 2

MISCELLANEOUS INFORMATION

Anticipated Monthly Factoring Volume: _____ Current Receivables Outstanding: _____

Requested First Funding Date: _____ Amount of Funding Required: _____

How did you find out about Factor Hawai'i? _____

Have you factored before? Yes No If yes, with whom? _____

LANDLORD INFORMATION

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

Name of Landlord and/or Management Company: _____

Street Address: _____ Monthly Rental Amount: _____

City: _____ State: _____ Zip: _____ Phone: _____

SUPPORT INFORMATION CHECKLIST

Please include the appropriate information with your completed application and submit to Factor Hawai'i.

- | | |
|---|--|
| <input type="checkbox"/> Invoices to Factor | <input type="checkbox"/> Liability Insurance |
| <input type="checkbox"/> Customer List with Addresses | <input type="checkbox"/> Articles of Incorporation or Assumed Name Certificate |
| <input type="checkbox"/> Accounts Receivable Aging | <input type="checkbox"/> Copy of 941s (last 4 quarters) with Proof of Payment |
| <input type="checkbox"/> Bank Authorization Form | <input type="checkbox"/> Cargo Insurance (Trucking Firms) |
| <input type="checkbox"/> Current Financial Statements | <input type="checkbox"/> Copy of Operating Authority with MC# (Trucking Firms) |
| <input type="checkbox"/> Accounts Payable Aging | <input type="checkbox"/> Workers' Comp. Insurance (Staffing Firms) |
| <input type="checkbox"/> Tax Returns | <input type="checkbox"/> Copy of Current PACA License (Agricultural Firms) |

Notes:

SIGNATURE & AUTHORIZATION

I understand that the submission of this application to Factor Hawai'i indicates my intention to enter into a Security Agreement with Factor Hawai'i but does not obligate Factor Hawai'i to factor/finance or provide any financial services whatsoever. I further acknowledge that the approval to factor/finance or provide financial services may come only after the manager of Factor Hawai'i approves said application and invoices/accounts offered, in accordance with the terms of Factor Hawai'i's Security Agreement. The above statements are true and correct to the best of my information and belief. This serves as my permission for the release of any information to Factor Hawai'i regarding this application for the purpose of credit investigation. I hereby authorize Factor Hawai'i to investigate the credit of all parties listed above. I also hereby authorize Factor Hawai'i to contact our customers to verify the invoices submitted for factoring.

Signed: _____ Date: _____ Name and Title: _____

Signed: _____ Date: _____ Name and Title: _____