

EXPRESS APPLICATION

GENERAL BUSINESS INFORMATION

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.

Business Name: _____ Date Established: _____
Street Address: _____ County: _____
City: _____ State: _____ Zip: _____ Phone: _____
E-Mail Address: _____ Web Address: _____ Fax: _____
Legal Status: Corporation LLC Partnership Sole Proprietorship Federal I. D. Number: _____
Type and 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

Please list any additional owners under Notes section of application.

Name & Title: _____	Name & Title: _____
Percent Owned: _____	Percent Owned: _____
Driver's License #: _____	Driver's License #: _____
Home Street Address: _____	Home Street Address: _____
City: _____ State: _____	City: _____ State: _____
Zip: _____ Home Phone: _____	Zip: _____ Home Phone: _____
Social Security Number: _____	Social Security Number: _____
Date of Birth: _____	Date of Birth: _____

BUSINESS BANKING INFORMATION

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

FACTORING ACCOUNT INFORMATION

Anticipated monthly factoring volume: \$ _____
Current account balance outstanding: \$ _____
Have you factored before? Yes No
If yes, with whom: _____
How did you find out about Fac. HI? _____
Additional Notes: _____

SUPPORT INFORMATION CHECKLIST

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

- | | |
|--|---|
| <input type="checkbox"/> Articles of Incorporation or Assumed Name Certificate | <input type="checkbox"/> Liability Insurance |
| <input type="checkbox"/> Customer List | <input type="checkbox"/> Workers' Compensation Insurance (Temporary Staffing Firms) |
| <input type="checkbox"/> Accounts Receivable Aging and Invoices to Factor | <input type="checkbox"/> Cargo Insurance (Trucking) |
| <input type="checkbox"/> Bank Authorization Form | <input type="checkbox"/> Copy of Operating Authority (MC # _____) (Trucking) |
| <input type="checkbox"/> Tax Authorization Form | <input type="checkbox"/> Copy of Applicant(s) Drivers License(s) |

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 any financial services may come only after the manager of Factor Hawai'i approves said application and the 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 herein 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: _____