



888 S. Figueroa Street, Suite 1100
Los Angeles, CA 90017
Tel: 213-430-4888 Fax: 213-430-4877
<http://www.finone.com>

DOCUMENT CHECKLIST

Dear Prospective Client:

Date: _____

Thank you for your interest in Finance One's factoring service. In order to ensure prompt review, please submit us the followings:

- Application (Enclosed)
- Documentation fee (\$ _____)

In order to expedite our processing, we ask that the enclosed application be submitted. Also, please submit the documents requested below:

- Annual financial statements (last _____ year(s))
 - Most recent interim financial statement
 - Most current accounts of receivable aging
 - Business tax returns (last _____ year(s))
 - Last quarterly payroll tax filing (941 for Fed. And DE 3 for State)
 - Bank statement for business account (last _____ months)
 - Personal Financial Statement (Principals)
 - Current business license
 - A copy of driver license
-

IF SOLE PROPRIETORSHIP, INCLUDE:

- Fictitious Business Name Statement

IF CORPORATION, INCLUDE:

- Articles of Incorporation
- Statement by Domestic Stock Corporation
- Fictitious Business Name Statement (if necessary)

IF PARTNERSHIP, INCLUDE:

- Partnership Agreement

IF LIMITED LIABILITY COMPANY, INCLUDE:

- Operating Agreement



888 S. Figueroa Street, Suite 1100
 Los Angeles, CA 90017
 Tel: 213-430-4888 Fax: 213-430-4877
<http://www.finone.com>

NEW CLIENT APPLICATION

DATE OF APPLICATION:

COMPANY NAME			DBA NAME, IF ANY		
MAIN / MAILING ADDRESS: FACTORY() SHOWROOM()			PHONE	FAX	
CITY	STATE	ZIP	FEDERAL TAX ID	EMERGENCY PHONE NO (CELL)	
SECONDARY ADDRESS: FACTORY() SHOWROOM()			PHONE	FAX	
CITY	STATE	ZIP	YEAR ESTABLISHED	DUNS NUMBER	
BUSINESS ENTITY CORP.() PARTNERSHIP () PROPRIETORSHIP () LLC ()			RELATED COMPANY NAME, IF ANY		
PRINCIPAL NAME			TITLE	OWNERSHIP (%)	RESIDENCY STATUS
HOME ADDRESS			PHONE	SOCIAL SECURITY NUMBER	
CITY	STATE	ZIP	DATE OF BIRTH	DRIVER'S LICENSE NO.	
ADDITIONAL PRINCIPAL NAME, IF ANY			TITLE	OWNERSHIP (%)	RESIDENCY STATUS
HOME ADDRESS			PHONE	SOCIAL SECURITY NUMBER	
CITY	STATE	ZIP	DATE OF BIRTH	DRIVER'S LICENSE NO.	
CORPORATE SECRETARY, IF CORPORATION			TITLE	OWNERSHIP (%)	RESIDENCY STATUS
HOME ADDRESS			PHONE	SOCIAL SECURITY NUMBER	
CITY	STATE	ZIP	DATE OF BIRTH	DRIVER'S LICENSE NO.	
BANK NAME FOR BUSINESS			ACCOUNT NO.	CONTACT NAME	
BANK ADDRESS			PHONE		
BANK LOAN / LINE OF CREDIT	CURRENT BALANCE		ACCOUNT NO.	CONTACT NAME	
CPA FIRM NAME				CPA NAME	
ADDRESS				PHONE	
INDUSTRY APPAREL & TEXTILE () NON-APPAREL ()		BUSINESS TYPE IMPORT () MANUFACTURE () WHOLESALE () SERVICE ()		PRODUCTS	
MONTHLY SALES \$	INVENTORY VALUE \$	WAREHOUSE SIZE SQ.FT	MONTHLY RENT / PAYMENT \$		
TRADE REFERENCE - NAME 1.		ADDRESS		PHONE	
2.					

DECLARATION

The information supplied in this application and all forms and documents submitted to Finance One, Inc. in connection herewith is true and correct to the best of my knowledge and belief. I/We hereby authorize Finance One, Inc. to investigate my/our financial responsibility and creditworthiness including inquiry into credit agencies. I/We will provide additional information, as Finance One, Inc. deems necessary and requests including, but not limited to, financial statements, tax returns, etc. By submitting this application, I authorize Finance One, Inc. to search and file UCC - financing statements on the business and relevant parties. I agree to pay Finance One, Inc. for the UCC-related fees and credit report fees.

SIGNATURE: _____ TITLE: _____ DATE: _____



888 S. Figueroa Street, Suite 1100
Los Angeles, CA 90017
Tel: 213-430-4888 Fax: 213-430-4877
<http://www.finone.com>

CREDIT RELEASE AUTHORIZATION

I/We hereby authorize FINANCE ONE, INC. to verify any credit information from whatever source it deems appropriate and I further authorize my/our banks, trade references and financial institutions to release by telephone or fax pertinent information. All obtained credit information will be treated confidentially and will be used only in assisting FINANCE ONE, INC. in securing factor financing. A copy of fax of this CREDIT RELEASE AUTHORIZATION may be deemed to be the equivalent of the original.

COMPANY NAME: _____

BY: _____
Signature

Print Name

Title

Date: _____