

APPLICATION



Liquid Capital of Colorado
 1780 Tiverton Avenue
 Broomfield, CO 80023
 Phone: (303) 774-7623
 Fax: (866) 246-0432

GENERAL INFORMATION

Exact Corporate Name:		Incorporation Date: <small>(m/d/yyyy)</small>	
Other Trade or Assumed Names (d/b/a):		Federal Tax Id:	Duns ID:
Type Of Business? (Check One) <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Distributor <input type="checkbox"/> Service <input type="checkbox"/> Other (explain) _____			
Detail of Business Description (Products or Services):			
Structure of Company (Check One) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		County:	State Incorporated:
Business Street Address:		City:	State: Zip:
Mailing Address (if different):		City:	State: Zip:
Telephone #	Fax #	Cell Phone #	Web address: Email address:

PRINCIPALS

Name:		Home Phone:		Own <input type="checkbox"/>	Rent <input type="checkbox"/>
Address:		City:	State:	Zip:	
SSN#	Date of Birth:	% Owned of Company:			
Title: (Check One) <input type="checkbox"/> President <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Shareholder <input type="checkbox"/> Senior Partner <input type="checkbox"/> Secretary <input type="checkbox"/> Vice President <input type="checkbox"/> Other: (explain) _____					
Name:		Home Phone:		Own <input type="checkbox"/>	Rent <input type="checkbox"/>
Address:		City:	State:	Zip:	
SSN#	Date of Birth:	% Owned of Company:			
Title: (Check One) <input type="checkbox"/> President <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Shareholder <input type="checkbox"/> Senior Partner <input type="checkbox"/> Secretary <input type="checkbox"/> Vice President <input type="checkbox"/> Other: (explain) _____					
Name:		Home Phone:		Own <input type="checkbox"/>	Rent <input type="checkbox"/>
Address:		City:	State:	Zip:	
SSN#	Date of Birth:	% Owned of Company:			
Title: (Check One) <input type="checkbox"/> President <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Shareholder <input type="checkbox"/> Senior Partner <input type="checkbox"/> Secretary <input type="checkbox"/> Vice President <input type="checkbox"/> Other: (explain) _____					

ACCOUNTS RECEIVABLE INFORMATION

A/R Balance:	Amount Planned to Factor:	Any Sales to Affiliates: <input type="checkbox"/> Yes <input type="checkbox"/> No		Any Sales to Vendors: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you now or ever factored invoices? If yes, with whom? <input type="checkbox"/> Yes <input type="checkbox"/> No					
List 5 Largest Customers	Current Balance Owed	High Credit Amt Required Each Month	Contact Name & Phone Number	Headquarters Address / /City / State / Zip	

BACKGROUND INFORMATION

Are the current accounts receivable pledged as collateral to any third party? If yes explain: Yes No

Does the business use a payroll service for employees? If yes, which company? Yes No

Are there past due Federal or State taxes, including but not limited to withholding taxes?
 Yes No

If so, has a lien been filed against the business or the owners? Yes No

Are installment/payment plans in place?
 Yes No

Does the business have any subsidiaries or affiliates or related entities? If yes, please explain: Yes No

Has there been a change of ownership in the past 12 months? If yes, please explain: Yes No

Has there ever been a change in the business name? If yes, please explain: Yes No

Have you or the business ever filed for Bankruptcy? If Yes Pls Explain Yes No

Are there any lawsuits threatened or pending against the company? If yes, please explain: Yes No

Applicant understands that Liquid Capital Exchange, Inc. and its Service Providers and/or franchisees to rely upon the foregoing information in determining whether to enter into a factoring agreement and applicant authorizes Liquid Capital Exchange Service Providers and/or franchisees to do so. Applicant also understands that the foregoing information may be incorporated by reference into an agreement between Applicant and Liquid Capital Exchange, Inc. and any failure of Applicant to disclose truly, completely and correctly the information requested may constitute a breach of any such agreement. Applicant understands further that Liquid Capital Exchange, Inc. has not, by requesting the completion of or accepting this application form, committed to make or implied an intention or commitment to enter into a factoring program with Applicant. Applicant acknowledges that he has retained a copy of this application. "Applicant" hereby authorizes Liquid Capital Exchange and/or its Service providers and/or franchisees (officers, employees or other representative thereof) to visit and inspect any properties of Applicant; to discuss Applicant and its affairs, finances, and accounts with, and be advised as to the same by Applicant's officers, employees, and independent public accountant; all to such reasonable extent as Liquid Capital Exchange may desire, and all on the condition that Liquid Capital Exchange, Inc. seeks such information in good faith in connection with the within factoring application.

Applicant hereby authorizes its suppliers, customers, lenders, accountants, principals, officers, and attorneys to provide Liquid Capital Exchange, Inc. (and any officer, employee, service provider, franchisee or representative thereof) such information about Applicant and its affairs, finances, and accounts as Liquid Capital Exchange, Inc. may request. Applicant also authorizes each such person and firm to accept a copy of this Authorization as if it were an original. The undersigned individual(s) who is/are either a principal(s) of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by Liquid Capital Exchange, Inc. and/or its service providers, and/or its franchisees from time to time as may be needed in the credit evaluation.

Applicant
Signature: _____ Title: _____ Date: _____
Print Name: _____

Applicant
Signature: _____ Title: _____ Date: _____
Print Name: _____

Applicant
Signature: _____ Title: _____ Date: _____
Print Name: _____

Supporting Documentation Checklist: Please provide the following Documents with your application (these are required)

<input type="checkbox"/> Application is Complete & Signed	<input type="checkbox"/> Copy of ID (Drivers License or Passport)
<input type="checkbox"/> Detail Accounts Receivable Aging	<input type="checkbox"/> Copy of Articles of Incorporation or Organization, etc
<input type="checkbox"/> Detail Accounts Payable Aging	<input type="checkbox"/> Copy of W9
<input type="checkbox"/> Master Customer List with names, addresses, phone #	<input type="checkbox"/> Copy of Insurance Certificate (Trucking, Contracting)
<input type="checkbox"/> Prior Year & Current Year Financial Statements	<input type="checkbox"/> Sample Invoices & Supporting Documentation (Purchase Order, Proof of Delivery, or evidence of completion, etc)
<input type="checkbox"/> Contracts with Customers and/or Distribution Companies	