



APPLICATION FOR ACCOUNTS RECEIVABLE PROGRAMS

Once this application is completed,
please fax or post to the address indicated below,
with the support items requested on page three.

Bibby Financial Services (Southeast), Inc.
1901 S. Congress Ave, Suite 150, **Boynton Beach, FL** 33426
Telephone: 888-299-9924 Fax: 561-369-0596
sales@bibbyfinancial.com

Bibby Financial Services (Midwest), Inc.
1400 Opus Place, Suite 250, **Downers Grove, IL** 60515
Telephone: 800-433-6539 Fax: 630-434-0100
sales@bibbymidwest.com

Bibby Financial Services (CA), Inc.
101 N. Westlake Boulevard, Suite 204, **Westlake Village, CA** 91362
Telephone: 805-446-6111 Fax: 805-446-6112
contact@bibbycalifornia.com

Bibby Financial Services (Southwest), Inc.
2000 East Lamar Boulevard, Suite 600, **Arlington, TX** 76006
Telephone: 866-432-4229 Fax: 817-303-6328
southwest@bibbyusa.com

*Please send application to the office you have been dealing with (as below).
Bibby representative;*

BIBBY FINANCIAL SERVICES

CONFIDENTIAL CREDIT APPLICATION AND COMPANY PROFILE



PLEASE TYPE OR PRINT

GENERAL BUSINESS INFORMATION				
Legal Name of Business/Corp.				
Trade Name (DBA)				
Primary Business Address				
Alternate Mailing Address				
Telephone	Fax	Cell #	Email	
Legal Form of Business <input type="checkbox"/> Corporation (State _____) <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other _____				
Federal Tax ID#	D.U.N.S. #		Years in Business	
Type of Business (Describe Products or Services)				
Bank	Name	Address	Phone	
Checking Acct #	Savings Acct #		Loan #	
Accountant	Name	Address	Phone	
Attorney	Name	Address	Phone	
Landlord	Name	Address	Phone	
Referred By				

ACCOUNTS RECEIVABLE INFORMATION (Please supply A/R aging and Customer Names and Addresses or complete Addendum A)				
Total Receivables Outstanding \$	(0-30 days) \$	(31-60 days) \$	(61-90 days) \$	(OVER 90 days) \$
Average Monthly Sales \$		Amount of financing requested \$		
Average Number of Invoices per Month		Average Invoice Value \$		
Total Number of Customers		Average Number of Customers Sold to per Month		
Average Number of Days to Collect	Write-off percentage		Receivables generated from: <input type="checkbox"/> Goods <input type="checkbox"/> Sale of Services <input type="checkbox"/> Other	
Terms of Sale	Purpose of Loan/Use of funds?			

BACKGROUND INFORMATION (Please explain any "Yes" answers)		
Has the Company ever factored or pledged its receivables as collateral?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:
Are there any loans, private or commercial, now outstanding?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:
Are any extended terms granted in respect of receivables?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:
Are any Federal or State taxes, including Payroll Taxes, delinquent?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:
Are there any Judgements or Liens now pending or in effect against the company?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:
Has the Company or any of its Principals ever filed for Bankruptcy protection?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:
Has any Owner, Officer, or Principal Manager of the Company ever been convicted of a felony?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:
Do you use a payroll service such as ADP, Paychex or your bank?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:
Does the company do business from more than one place?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Please List:
Has the Company ever operated under a different name?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:
Do you have any ownership in other companies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:

OWNER/OFFICER INFORMATION			
Owner/Officer			
Street Address			
City		State	Zip
Social Security #	Driver's License		Date of Birth
Position	Ownership Percentage		Phone #
Owner/Officer			
Street Address			
City		State	Zip
Social Security #	Driver's License		Date of Birth
Position	Ownership Percentage		Phone #
Owner/Officer			
Street Address			
City		State	Zip
Social Security #	Driver's License		Date of Birth
Position	Ownership Percentage		Phone #

OTHER INFORMATION

SUPPORTING DOCUMENTATION	
Please include the following documents with your application: (these are required for the application to be moved forward)	
<input type="checkbox"/> Detailed Accounts Receivable Aging <input type="checkbox"/> Master Customer List with names, address and telephone numbers <input type="checkbox"/> Recent Financial Statements <input type="checkbox"/> Sample invoices, & supporting documt'n (POD, Order, etc.)	<input type="checkbox"/> Detailed Accounts Payable Aging <input type="checkbox"/> Copy of I.D. (drivers license or passport) <input type="checkbox"/> Copy of Articles of Incorporation, LLC Certificate of Membership or Partnership Agreement
<input type="checkbox"/> The above items are enclosed <input type="checkbox"/> The above items have been dispatched under separate cover and will arrive _____	

AUTHORIZATION TO RELEASE INFORMATION			
<p>The information supplied in this Confidential Financing Application, Company Profile form, and all forms and documents submitted (collectively the "Application") to Bibby Financial Services (Holdings), Inc., its subsidiaries or its Assignee (collectively "Funder") in connection herewith is true and correct to the best of my/our knowledge and belief. I/we hereby authorize Funder to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, or other materials or information as requested by Funder and to verify any information provided from any source Funder may choose. I/we grant Funder the right to procure any and all credit or other investigative reports to any party to this application. I/we grant Funder the right to release any of the information contained herein or any results from any investigation of the information contained herein to any third party that may become part of any financing transaction between applicants and Funder or to whom Funder may refer this applicant to for funding. I/we further grant to any source from which Funder has requested information about applicant(s), the authorization to release such information to Funder. Applicant acknowledges that Funder will rely on the information provided herein to make its credit decision regarding Applicant. This Application has been completed and signed under penalty of perjury. A photocopy, including a fax copy, of this authorization may be accepted as an original.</p>			
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date

ADDENDUM A – Details of Key Accounts Receivables

CUSTOMER PROFILE <i>(Largest or most active accounts)</i>		
Company Name	Contact	
Street Address		
City	State	Zip
Phone	Fax	
Account Number	Monthly Volume \$	

Company Name	Contact	
Street Address		
City	State	Zip
Phone	Fax	
Account Number	Monthly Volume \$	

Company Name	Contact	
Street Address		
City	State	Zip
Phone	Fax	
Account Number	Monthly Volume \$	

Company Name	Contact	
Street Address		
City	State	Zip
Phone	Fax	
Account Number	Monthly Volume \$	

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Street Address		
City	State	Zip
Phone	Fax	
Account Number	Monthly Volume \$	

Company Name	Contact	
Street Address		
City	State	Zip
Phone	Fax	
Account Number	Monthly Volume \$	

Company Name	Contact	
Street Address		
City	State	Zip
Phone	Fax	
Account Number	Monthly Volume \$	