

Receivables Financing

Legal Name of Company as listed on Articles of Incorporation:

DBA, if applicable:

Address: City: State: Zip:

Phone: FAX: Cell: Website:

Company is a: Corporation Partnership LLC Federal Tax ID:

Please list any prior companies or other names used over the past five years:

Date Business Started: Number of years under same ownership: State of Incorporation:

Nature of Business:

Are you listed by Dunn & Bradstreet: Yes No If yes, please list number:

Is office space owned or leased? Monthly rental amount:

Are there any judgments or liens filed against you, any company principals or the corporation: Yes No If yes, please explain:

Current Financing

Do you have any outstanding loans or lines of credit? Yes No If yes, please explain:

Lender	Amount Outstanding	Collateral	Contact/Phone
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Have you ever financed or factored any of your receivables? Yes No If yes, with whom?

Are you currently with them? Yes No Current amount open: Still submitting invoices? Yes No

Are you currently leasing any of your equipment? Yes No Name of leasing company?

Are you current on your lease obligations? Yes No If no, please explain:

Please list any other types of financing:

Banking Information

Name of Bank: Date account opened: Number of Accounts:

Business Checking Account Number: Do you maintain a separate payroll account? Yes No

Contact Person: Title: Phone: Fax:

Name of Bank: Date account opened: Number of Accounts:

Business Checking Account Number: Do you maintain a separate payroll account? Yes No

Contact Person: Title: Phone: Fax:

Collateral Information

Purchase date of current premises: Purchase Price: Down Payment:

Monthly Payment: Term of finance: Interest rate: Balloon date (if applicable):

Purchase date of additional premises: Purchase Price: Down Payment:

Monthly Payment: Term of finance: Interest rate: Balloon date (if applicable):

Are receivables generated from the sale of good, services, or both? Goods Services Both

Number of active customers: Number of invoices per month: Normal Selling Terms:

Any extended terms offered? Average monthly sales: Last year's sales:

Any security interest granted that covers accounts receivables and/or inventory?

Tax Information

Do you utilize a payroll and./or PEO service? Yes No If yes, please list name:

How often do you file 941 payroll taxes? Weekly Monthly Quarterly Annually

Are you Federal/State payroll taxes current? Yes No If no, please list type, amount & quarters delinquent:

Are the Officers and/or Principals delinquent in any tax obligations? Yes No If yes, please explain:

Professional References

Attorney: Phone:

Accountant: Phone:

How did you hear of Lexx Funding, Inc.?

Trade/Customer Information

Please list your company's five largest trade creditors:

Company Name: Phone: FAX:
City: State: Date account opened: High Credit:
Product and/or service provided:

Company Name: Phone: FAX:
City: State: Date account opened: High Credit:
Product and/or service provided:

Company Name: Phone: FAX:
City: State: Date account opened: High Credit:
Product and/or service provided:

Company Name: Phone: FAX:
City: State: Date account opened: High Credit:
Product and/or service provided:

Company Name: Phone: FAX:
City: State: Date account opened: High Credit:
Product and/or service provided:

Company Name: Phone:
City: State: Monthly Sales: Average Invoice Amount:

Company Name: Phone:
City: State: Monthly Sales: Average Invoice Amount:

Company Name: Phone:
City: State: Monthly Sales: Average Invoice Amount:

Do you provide any goods and/or services on a contra basis? Yes No If yes, please list:

Officer/Principle Information

Full Name: <input style="width: 95%;" type="text"/>	Social Security Number: <input style="width: 95%;" type="text"/>
Home Address: <input style="width: 95%;" type="text"/>	City, State, Zip: <input style="width: 95%;" type="text"/>
Title: <input style="width: 95%;" type="text"/> Ownership %: <input style="width: 50px;" type="text"/>	Have you declared bankruptcy in the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name: <input style="width: 95%;" type="text"/>	Social Security Number: <input style="width: 95%;" type="text"/>
Home Address: <input style="width: 95%;" type="text"/>	City, State, Zip: <input style="width: 95%;" type="text"/>
Title: <input style="width: 95%;" type="text"/> Ownership %: <input style="width: 50px;" type="text"/>	Have you declared bankruptcy in the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name: <input style="width: 95%;" type="text"/>	Social Security Number: <input style="width: 95%;" type="text"/>
Home Address: <input style="width: 95%;" type="text"/>	City, State, Zip: <input style="width: 95%;" type="text"/>
Title: <input style="width: 95%;" type="text"/> Ownership %: <input style="width: 50px;" type="text"/>	Have you declared bankruptcy in the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No

Support Documentation

The following additional information is needed by Lexx Funding, Inc., to determine the feasibility of entering into one or more financing arrangements with our lending institutions. Please include the following with your completed application:

- Copy of Articles of Incorporation (showing legal business name and identities of corporate president, secretary, and/or treasurer).
- Accounts receivable summary listing invoice from invoice date (please provide up-to-date information)
- Accounts payable summary (please provide up-to-date information)
- Most recent financial statements (if available) and in detailed format
- Sample invoice or billing form(s)
- Last 6 months of bank statements (summary pages only)

The foregoing information is true and correct to the best of my knowledge and is given to Lexx Funding for the express purpose of determining the feasibility of obtaining financing. I hereby do authorize Lexx Funding or its agents, assigns, lenders, lessors or funding sources to verify and investigate any and all of the foregoing statements, including but not limited to, my/our credit worthiness and financial responsibility, in any way they may choose. I/We grant Lexx Funding the right to procure any and all credit reports pertaining to any party listed in this application, but not limited to, all principals of the applicant company. By my signature below, I am duly authorized by the parties above to grant this permission on behalf of the applicant company and its owner and officers.

Prepared and Consented By:

Signature:	Print Name:
Title:	Date: