

Application for Factoring

Company Information

Full Business Name: _____ Legal Name (if different): _____

Business Address: _____
Street or PO Box

City _____ County _____ State _____ Zip _____

Business Phone: _____ Fax: _____ Email: _____

Business Website: _____

Structure: C Corporation S Corporation D/B/A Partnership Sole Proprietorship LLC

Years in Business: _____ If Corporation, state of incorporation: _____

If doing business at places other than Principal Place of Business / Corporate Office, list all additional addresses:

Has there been a change of business name within the last five years? yes no _____

If yes, list names used: _____

Has there been a change of ownership? yes no If yes, explain: _____

Describe primary source(s) of business activity:

Tax Information

Federal Tax ID#: _____ State Tax #: _____

All applicable Federal taxes have been filed through: Month _____ Year _____

Do you have any Federal or State taxes overdue? yes no If yes, have any liens been filed? yes no

Are any Federal or State tax returns under audit? yes no If yes, explain: _____

Principal / Corporate Officer Information

Enter information pertaining to all Business Owners or Corporate Officers:

1. Title: _____ Name: _____ Home Phone: _____

Home Address: _____

Social Security #: _____ Date of Birth: _____ Drivers Lic. State and #: _____

Has been convicted of a felony? yes no If yes, explain: _____

2. Title: _____ Name: _____ Home Phone: _____

Home Address: _____

Social Security #: _____ Date of Birth: _____ Drivers Lic. State and #: _____

Has been convicted of a felony? yes no If yes, explain: _____

Professional Contacts

Where applicable, please provide us with the names, addresses, and phone numbers of your accountant, banker, attorney, and insurance agent:

Accountant Firm: _____ Name: _____

Phone: _____ Address: _____

Banker Firm: _____ Name: _____

Phone: _____ Address: _____

Checking Account #: _____ Savings Account #: _____

Attorney Firm: _____ Name: _____

Phone: _____ Address: _____

Insurance Agent Firm: _____ Name: _____

Phone: _____ Address: _____

Trade References

Please provide us with two of the Business's suppliers.

1. Name: _____ Phone: _____

Contact(s): _____

Service/Product Provided: _____

2. Name: _____ Phone: _____

Contact(s): _____

Service/Product Provided: _____

Financial History

Attach any relevant explanatory information relating to answers to the following questions.

Has Business ever been subject to a repossession or order of Replevin? Yes No

Has Business ever declared bankruptcy? Yes No

Is Business or its principals Defendant(s) in any legal actions? Yes No

Are any Liens currently placed against Applicant's Accounts Receivable Yes No

(or Accounts Receivable pledged as collateral)?

Does Business have any outstanding business loans? Yes No

If yes, please provide: Name of Financial Institution: _____

Phone: _____ Address: _____

Loan Amount: _____ Collateral pledged: _____

Has Business previously factored? Yes No

If yes, name of previous factor: _____

Attachment Checklist

In order to complete the factoring application, Hamilton must conduct due-diligence to verify applicant's legal standing and personal identity with associated business owners and/or corporate officers. Please include the following documents to ensure a speedy response:

- Copy of company's Certificate of Incorporation or similar document
- Copy of company's corporate minutes or Articles of Incorporation and bylaws that detail title and/or ability to execute contracts binding to the company.
- Corporate Tax Identification Number (preferably on a federal tax coupon or similar instrument)
- Recent internally prepared Balance Sheet and Income Statement
- Most recent Fiscal Year End Balance Sheet and Income Statement
- Current Accounts Receivable aging report
- Current Accounts Payable aging report
- Last two corporate tax returns
- Evidence of most recent tax payment for 941-Quarterly Federal Tax Return and 1120-Income Tax Return (e.g. copy of check or bank receipt)
- Any relevant press releases, press coverage, or product literature that might help Hamilton familiarize itself with products and/or services offered.
- As required by the USA Patriot Act, a photocopy of the Business Owner's or Corporate Officer's Drivers License, or similar version of official photo identification.

If you have any questions or need clarification on any part of this application, call Hamilton at 800-351-3066.

Please fax, email or send the following application along with check list items to:

The Hamilton Group
PO Box 352
North Syracuse, NY 13212-0352
Fax: 315-413-0087
Email: info@hamiltongroup.net

I represent and warrant that the information on this Application to The Hamilton Group (Delaware), Inc. ("Hamilton") is true and correct to the best of my knowledge and no material information has been omitted. If a change occurs to materially affect my answers to the questions herein, I will so notify Hamilton immediately. Unless this happens, Hamilton may rely on this application as true and accurate as of the date below. Hamilton and its designee(s) are authorized to check the Applicant's credit (including my personal credit, or the personal credit of the principals and/or officers of the Applicant) and make all other inquiries that Hamilton deems necessary to verify the accuracy of the statements made on this form and to determine my creditworthiness. This application and any attachments remain the property of Hamilton.

Applicant Signature

Co-Applicant Signature

Date

Date

Hamilton's Programs Versus the Competition

	<u>The Competition</u>	<u>HamiltonFlex</u>	<u>HamiltonSelect</u>
Personal Guaranty	Yes	No No restrictive personal guaranty requirement.	No
Term Agreement	Up to 2 Years	No Term agreements depend on your individual needs.	1 Year
Access to Decision Makers	Rarely	Yes Access to decision makers is vital to a successful relationship.	Yes
Voice Mail	Usually	No You receive personal attention every time you call.	No
Client Retains Control of Invoicing	Sometimes	Always The invoicing process stays under your control.	Always
Can Select Invoices to be Factored	Sometimes	Always You can choose the invoices you want to factor when and how often.	Always
Can Age Invoices Prior to Factoring	Sometimes	Always You can choose to factor an invoice when the time is right for you.	Always
Fees Start on the Day of Funding	Yes	Day after funding Fees start the day after transfer of funds, not the day of transfer.	Day after funding
Fees Stop	When payment clears	On receipt of payment You will not be charged for float days. Fees stop accruing the moment payment is received at our lock box, not when payment is cleared.	On receipt of payment
Invoice Chargeback	60-90 Days	90-120 Days Hamilton helps to reduce charge backs by providing an additional 30 days for collection.	90-120 Days
Recourse or Non-recourse	Recourse	Modified Non-Recourse Modified non-recourse programs help to prevent you from being hurt by credit losses.	Modified Non-Recourse
Requires Lien on All Assets	Yes	No The only assets you pledge are accounts receivable and general intangibles.	No
24-hour Online Account Access	Sometimes	Yes Access and manage your account information through Hamilton's secure, easy-to-navigate online reporting system.	Yes