

Application for Factoring

Company Information

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

Full 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: _____ 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: _____

Company Banking Information

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

Bank: _____ Contact: _____

Phone: _____ Address: _____

Checking Account #: _____ Savings Account #: _____

Financial History

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

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
or Accounts Receivable pledged as collateral? yes no

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

- Recent Balance Sheet and Income Statement
- Current Accounts Receivable aging report
- Current Accounts Payable aging report
- Latest bank statement from your Business Operating Account.

If you have any questions or need clarification on any part of this application, call Hamilton at 800-351-3066. Please email or send the following application along with check list items to:

The Hamilton Group
5108 Velasko Road, S-2005
Syracuse, NY 12315
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 Program Versus the Competition

	The Competition	Hamilton	
Personal Guaranty	Yes	No	No personal guaranty for qualified clients
Term Agreement	Up to 2 Years	No	
Access to Decision Makers	Rarely	Yes	Access to decision makers is vital to a successful relationship.
Voice Mail	Usually	No	You receive personal attention every time you call.
Client Retains Control of Invoicing	Sometimes	Always	The invoicing process stays under your control.
Can Select Invoices to be Factored	Sometimes	Always	You can choose the invoices you want to factor when and how often.
Can Age Invoices Prior to Factoring	Sometimes	Always	You can choose to factor an invoice when the time is right for you.
Fees Start on the Day of Funding	Yes	Day After Funding	Fees start the day after transfer of funds, not the day of transfer.
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.
Invoice Chargeback	60-90 Days	90-120 Days	Hamilton helps to reduce charge backs by providing an additional 30 days for collection.
Recourse or Non-recourse	Recourse	Modified Non-Recourse	Modified non-recourse programs help to prevent you from being hurt by credit losses.
Requires Lien on All Assets	Yes	No	The only assets you pledge are accounts receivable and general intangibles.
24-hour Online Account Access	Sometimes	Yes	Access and manage your account information through Hamilton's secure, easy-to-navigate online reporting system.