Hamilton

Business Finance Made Simple! $_{\ensuremath{\circledast}}$

Toll-free 800-351-3066 • www.hamiltongroup.net • info@hamiltongroup.net

Application for Fa	ctoring				Print this document: Windows & Linux: Ctrl + p	
Company Information					Mac: Cmd + p or File Menu: Print	
Full Business Name:			Legal Name (if diffe	erent):		
Full Business Address:						
Street or PO	Box					
City Business Phone:		County		State Email:	Zip	
Business Website:						
Structure: C Corporation	S Corporatio	on D/B/A	Partnership	Sole Proprieto	rship LLC	
Years in Business:			State of incorporation: _			
If doing business at places other th	an Principal Pla	ce of Business / Cor	porate Office, list all add	litional addresses:		
Has there been a change of busines	ss name within t	he last five years?	yes no			
If yes, list names used:			·			
Has there been a change of owners	ship? yes	no If yes, ex	xplain:			
Describe primary source(s) of busi	ness activity:					
Tax Information						
Federal Tax ID#:			State Tax #:			
All applicable Federal taxes have be	een filed through	n: Month	Year			
Do you have any Federal or State t	axes overdue?	yes no	If yes, have any liens b	een filed? yes	no	
Are any Federal or State tax returns under audit? yes no If yes, explain:						
Principal / Corporate O	fficer Inforr	mation				
Enter information pertaining to al	l Business Owne	ers or Corporate Off	icers:			
1. Title:	_ Name:			Home Phone:		
Home Address:						
Social Security #:		Date of Birth:	Dr	ivers 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:	Drive	ers Lic. State and #:		
Has been convicted of a felony?	yes no	If yes, explain:				

Company Banking Information

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Where applicable,	nlease	provide us wi	th the names.	addresses a	and phon	e numbers d	of your accounta	nt. banker.	attorney and	insurance agent.
millere applicable,	preuse	provide do m	the manneoy	uaareooco, a	and phon	te mannoero (Ji jour accounta	inc, builder,	accorney, and	mourance agence

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 Receivab or Accounts Receivable pledged as collateral?	able 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

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 pay- ment 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 cred- it 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 se- cure, easy-to-navigate online reporting system.	