



801 S. Grand Ave., Ste 1000
Los Angeles, CA 90017
Tel:213.430.4888 Fax:888.377.0286
finone.com

DOCUMENT CHECKLIST

Dear Prospective Client:

Date: _____

Thank you for your interest in Finance One's factoring service. In order to ensure prompt review, please submit us the followings:

☒ Application (Enclosed)

☒ Documentation fee (\$ _____)

In order to expedite our processing, we ask that the enclosed application be submitted. Also, please submit the documents requested below:

☒ Annual financial statements (last ____1____ year(s))

____ Most recent interim financial statement

____ Most current accounts of receivable aging

☒ Business tax returns (last ____1____ year(s))

____ Last quarterly payroll tax filing (941 for Fed. And DE 3 for State)

☒ Bank statement for business account (last __3__ months)

☒ Personal Financial Statement (Principals)

____ Current business license

☒ A copy of driver license

IF SOLE PROPRIETORSHIP, INCLUDE:

____ Fictitious Business Name Statement

IF CORPORATION, INCLUDE:

☒ Articles of Incorporation

☒ Statement by Domestic Stock Corporation

☒ Fictitious Business Name Statement (if necessary)

IF PARTNERSHIP, INCLUDE:

____ Partnership Agreement

IF LIMITED LIABILITY COMPANY, INCLUDE:

____ Operating Agreement



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NEW CLIENT APPLICATION

DATE OF APPLICATION:

COMPANY NAME			DBA NAME, IF ANY		
MAIN / MAILING ADDRESS: FACTORY() SHOWROOM()			PHONE		FAX
CITY	STATE	ZIP	FEDERAL TAX ID		EMERGENCY PHONE NO (CELL)
SECONDARY ADDRESS: FACTORY() SHOWROOM()			PHONE		FAX
CITY	STATE	ZIP	YEAR ESTABLISHED		DUNS NUMBER
BUSINESS ENTITY CORP.() PARTNERSHIP () PROPRIETORSHIP () LLC ()			RELATED COMPANY NAME, IF ANY		
PRINCIPAL NAME			TITLE	OWNERSHIP (%)	RESIDENCY STATUS
HOME ADDRESS			PHONE		SOCIAL SECURITY NUMBER
CITY	STATE	ZIP	DATE OF BIRTH		DRIVER'S LICENSE NO.
ADDITIONAL PRINCIPAL NAME, IF ANY			TITLE	OWNERSHIP (%)	RESIDENCY STATUS
HOME ADDRESS			PHONE		SOCIAL SECURITY NUMBER
CITY	STATE	ZIP	DATE OF BIRTH		DRIVER'S LICENSE NO.
CORPORATE SECRETARY, IF CORPORATION			TITLE	OWNERSHIP (%)	RESIDENCY STATUS
HOME ADDRESS			PHONE		SOCIAL SECURITY NUMBER
CITY	STATE	ZIP	DATE OF BIRTH		DRIVER'S LICENSE NO.
BANK NAME FOR BUSINESS			ACCOUNT NO.		CONTACT NAME
BANK ADDRESS			PHONE		
BANK LOAN / LINE OF CREDIT	CURRENT BALANCE		ACCOUNT NO.		CONTACT NAME
CPA FIRM NAME				CPA NAME	
ADDRESS				PHONE	
INDUSTRY APPAREL & TEXTILE () NON-APPAREL ()		BUSINESS TYPE IMPORT () MANUFACTURE () WHOLESALE () SERVICE ()			PRODUCTS
MONTHLY SALES \$	INVENTORY VALUE \$		WAREHOUSE SIZE SQ.FT		MONTHLY RENT / PAYMENT \$
TRADE REFERENCE – NAME 1.		ADDRESS			PHONE
2.					

DECLARATION

The information supplied in this application and all forms and documents submitted to Finance One, Inc. in connection herewith is true and correct to the best of my knowledge and belief. I/We hereby authorize Finance One, Inc. to investigate my/our financial responsibility and creditworthiness including inquiry into credit agencies. I/We will provide additional information, as Finance One, Inc. deems necessary and requests including, but not limited to, financial statements, tax returns, etc. By submitting this application, I authorize Finance One, Inc. to search and file UCC - financing statements on the business and relevant parties. I agree to pay Finance One, Inc. for the UCC-related fees and credit report fees.

SIGNATURE: _____ TITLE: _____ DATE: _____



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AUTHORIZATION TO RELEASE INFORMATION

I, _____ (full legal name) hereby request and authorize you to furnish to Finance One, Inc. and its assignees, with any and all information that they may request concerning my financial status and general reputation.

This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested.

I hereby release you and your organization from any liability, which may or could result from furnishing the information request above.

Signature

Social Security #

Home Address

City, State and Zip

Phone #



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CREDIT RELEASE AUTHORIZATION

I/We hereby authorize FINANCE ONE, INC. to verify any credit information from whatever source it deems appropriate and I further authorize my/our banks, trade references and financial institutions to release by telephone or fax pertinent information. All obtained credit information will be treated confidentially and will be used only in assisting FINANCE ONE, INC. in securing factor financing. A copy of fax of this CREDIT RELEASE AUTHORIZATION may be deemed to be the equivalent of the original.

COMPANY NAME: _____

BY: _____
Signature

Print Name

Title

Date: _____

PERSONAL FINANCIAL STATEMENT

Name _____ Soc. Sec. No. _____ Date of Birth _____

Spouse's Name _____ Soc. Sec. No. _____ Date of Birth _____

Address _____ Telephone _____

Employer _____ Position _____ Period _____

Employer's Address _____ Telephone _____

The Undersigned, for the purpose of procuring and establishing credit from time to time with you and to induce you to permit the Undersigned to become indebted to you on notes, endorsements, guarantees, overdrafts, commercial paper, chattel paper or otherwise, furnishes the following (or in lieu thereof the attached) which is the most recent statement prepared by or for the Undersigned and which is hereby warranted as being the most recent statement prepared by or for the Undersigned as constituting a full, true and correct statement of the financial condition of the Undersigned on the date shown below, agrees to notify you immediately of the extent and character of any material adverse change in said financial condition; and agrees that if the Undersigned or any endorser or guarantor of any of the obligations of the Undersigned at any time fails in business or becomes insolvent, or commits an act of bankruptcy, should make an assignment for benefit of or offer a composition or extension with creditors, or fails to pay when due any obligation to you, or claims a homestead exemption on real property listed in this statement, or any proceedings under the Federal Bankruptcy Act are commenced by or against the undersigned or a receiver is appointed for the undersigned's business or property or any part thereof, or the business, or any interest therein of the undersigned is sold, or you, in good faith, deem yourself insecure, then and in any such event, all the obligations of the undersigned to you and held by you shall at your option immediately become due and payable without demand or notice, except as otherwise provided by law and further, any commitments or obligations to grant credit to the undersigned or for the undersigned's benefit shall immediately terminated.

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash on Hand		Notes Payable (Other)	
Cash in Bank of (1)		Notes Payable to Bank of	
(2)			
(3)			
Accounts Receivable		Accounts Payable	
Stocks and Bonds (Schedule 2)		Taxes Payable	
Notes Receivable		Contracts Payable	
Cash Surrender Value Life Insurance			
Autos		Real Estate Indebtedness (Schedule 1)	
(Year – Make)		Other Liabilities (Detail)	
Real Estate (Schedule 1)		1.	
Other Assets (Detail)		2.	
1.		3.	
2.			
3.			
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS		TOTAL	

ANNUAL INCOME	AMOUNT	ANNUAL EXPENDITURES	AMOUNT
Salary		Real Estate Payment(s)	
		Rent	
Dividends and Interest		Income and Other Taxes	
Rentals		Insurance	
Other (Detail)		Property Taxes	
1.		Other (Detail)	
2.		1.	
3.		2.	
TOTAL INCOME		TOTAL EXPENDITURES	
LESS-TOTAL EXPENDITURES			
NET CASH INCOME			

Are there any suits or judgments against you? _____ If yes, give details _____
Have you gone through bankruptcy or compromised a debt? _____
Are any assets pledged or debts secured except as shown? _____
Have you made a will? _____ Number of dependants (Ages) _____

SCHEDULE 1 – REAL ESTATE					
Address and Type of Property	Title in Name of	Monthly Income	Cost	Present Market Value	Total Balance Owed
			Year Acquired		
SCHEDULE 2 – STOCKS AND BONDS					
No. Shares or Bond Amount	Description	Issued in Name of	Present Market Value	L=Listed U=Unlisted	

If additional space is needed for Schedule A and/or Schedule B, list on separate sheet and attach.

LIFE INSURANCE				
Name of Insured	Insurance Company	Face Value	Cash Value	Loans

The undersigned certifies that the above statement(or in lieu thereof, the attached statements as the case may be) and supporting schedules, both print and written give a full, true, and correct statement of the financial condition of the undersigned as of the date indicated.

_____	_____
Date	Your Signature
_____	_____
Date	Your Spouse's Signature (if you are requesting the financial accommodations jointly)