

DOCUMENT CHECKLIST

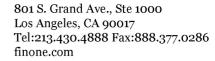
Dear F	Prospective Client:	Date:	
	you for your interest in Finance One's fa t us the followings:	ctoring service. In order to ensure prom	pt review, please
X	Application (Enclosed)		
x	Documentation fee (\$		
	er to expedite our processing, we ask that cuments requested below:	t the enclosed application be submitted.	Also, please submit
X	Annual financial statements (last1	year(s))	
_	Most recent interim financial statemen	t	
_	Most current accounts of receivable ac	ging	
x	Business tax returns (last1 yea	ar(s))	
_	Last quarterly payroll tax filing (941 for	Fed. And DE 3 for State)	
x	Bank statement for business account ((last3_ months)	
X	Personal Financial Statement (Principa	als)	
_	Current business license		
X	A copy of driver license		
IF SOL	LE PROPRIETORSHIP, INCLUDE:		
	Fictitious Business Name Statement		
IF COI	RPORATION, INCLUDE:		
<u>X</u>	Articles of Incorporation		
<u>X</u>	Statement by Domestic Stock Corpora	tion	
<u>X</u>	Fictitious Business Name Statement (i	f necessary)	
IF PAF	RTNERSHIP, INCLUDE:		
	Partnership Agreement		
IF LIM	IITED LIABILITY COMPANY, INCLUDE:		
	Operating Agreement		



NEW CLIENT APPLICATION

DATE OF APPLICATION:						
COMPANY NAME		DBA NAME, IF ANY				
MAIN / MAILING ADDRESS: FACTOR	Y() 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 AI	NY	TITLE	OWNERSHIP RESIDENCY STATUS			
HOME ADDRESS		PHONE	SOCIAL SECURITY NUMBER			
CITY STATE	ZIP	DATE OF BIRTH	DRIVER'S LICENSE NO.			
CORPORATE SECRETARY, IF CORP	PORATION	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-APP	BUSINESS TYPE PAREL () IMPORT () MANUFACTURE () WHOLESALE () SERVICE (PRODUCTS			
MONTHLY SALES		AREHOUSE SIZE SQ.FT	MONTHLY RENT / PAYMENT \$			
TRADE REFERENCE – NAME 1.	ADDRESS		PHONE			
2.						
	tion and all forms and documents submitted to Fin					
I/We will provide additional information,	norize Finance One, Inc. to investigate my/our fina as Finance One, Inc. deems necessary and reque inance One, Inc. to search and file UCC - financing report fees.	ests including, but not limited to, finan	cial statements, tax returns, etc. By			

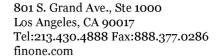
SIGNATURE: _____ TITLE: _____ DATE: _____





AUTHORIZATION TO RELEASE INFORMATION

	full legal name) hereby request and authorize you to s, with any and all information that they may request ation.
This authorization is specifically intended to inclunature as well as photocopies of such documents	ude any and all information of a confidential or privileged s, if requested.
I hereby release you and your organization from the information request above.	n any liability, which may or could result from furnishing
	Signature
	Social Security#
	Home Address
	City, State and Zip
	Phone #





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:		
Dato.		



PERSONAL FINANCIAL STATEMENT

Name	Soc.	Sec. No Dat	e of Birth
Spouse's Name	Soc.	Sec. No Dat	e of Birth
Address		Telep	ohone
Employer		Position Pe	riod
Employer's Address		Telep	ohone
The Undersigned, for the purpose of procuring and e you on notes, endorsements, guarantees, overdrafts, or most recent statement prepared by or for the Undersconstituting a full, true and correct statement of the f character of any material adverse change in said fin: Undersigned at any time fails in business or become extension with creditors, or fails to pay when due an under the Federal Bankruptcy Act are commenced thereof, or the business, or any interest therein of the the undersigned to you and held by you shall at your further, any commitments or obligations to grant cred	commercial paper, chattel p signed and which is hereby inancial condition of the Un ancial condition; and agrees is insolvent, or commits an y obligation to you, or clain by or against the undersign undersigned is sold, or you, option immediately becom	aper or otherwise, furnishes the following (or in li- warranted as being the most recent statement pro- dersigned on the date shown below, agrees to noti- is that if the Undersigned or any endorser or guara- act of bankruptcy, should make an assignment fo- ns a homestead exemption on real property listed ned or a receiver is appointed for the undersigne in good faith, deem yourself insecure, then and in e due and payable without demand or notice, exce	ieu thereof the attached) which is the repared by or for the Undersigned as ify you immediately of the extent and antor of any of the obligations of the r benefit of or offer a composition or in this statement, or any proceedings d's business or property or any part any such event, all the obligations of ept as otherwise provided by law and
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.		TOTAL LIABILITIES	
3.		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			

- 1 - Initial _____ _



Are there any suits or judgment Have you gone through bare Are any assets pledged or a Have you made a will?	nkruptcy or compromised debts secured except as	a debt? shown?						
SCHEDULE 1 – REAL EST	T	Monthly	Cost			Tot	tal Balance	
Address and Type of Proper	rty Title in Name of	Title in Name of Income		Year Acquired Pr		101	Owed	
				\dashv				
SCHEDULE 2 – STOCKS	AND BONDS			-				
No. Shares or Bond Amount	Description	1	Issued in Name of		Present Market Value		L=Listed U=Unlisted	
Bolia Allioulit	<u> </u>						U=UIIIIStea	
If additional space is needed for S	chedule A and/or Schedule B, 1	list on separate she	et and attach.					
LIFE INSURANCE								
Name of Insured	Insurance Compa	nv	Face Value	Ī	Cash Value		Loans	
		,	1 400 74.40					
The undersigned certifies that print and written give a full, tru		the financial cond				ting scho	edules, both	
			5					
Date			ur Spouse's Signat ancial accommoda		you are requesting jointly)	j the		

- 2 - Initial ____ _