

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

DOCUMENT CHECKLIST

Dear Pr	pspective Client: Date:				
Thank you for your interest in Finance One's factoring service. In order to ensure prompt review, please submit us the followings:					
X	Application (Enclosed)				
X	Documentation fee (\$)				
In order to expedite our processing, we ask that the enclosed application be submitted. Also, please su the documents requested below:					
_	Annual financial statements (last year(s))				
_	Most recent interim financial statement				
_	Most current accounts of receivable aging				
	Business tax returns (last year(s))				
	Last quarterly payroll tax filing (941 for Fed. And DE 3 for State)				
	Bank statement for business account (last months)				
	Personal Financial Statement (Principals)				
	Current business license				
X	A copy of driver license				
IF SOLE PROPRIETORSHIP, INCLUDE:					
	Fictitious Business Name Statement				
IF CORPORATION, INCLUDE:					
<u>X</u>	Articles of Incorporation				
<u>X</u>	Statement by Domestic Stock Corporation				
<u>X</u>	Fictitious Business Name Statement (if necessary)				
IF PARTNERSHIP, INCLUDE:					
	Partnership Agreement				
IF LIMITED LIABILITY COMPANY, INCLUDE:					
	Operating Agreement				

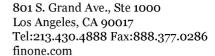


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NEW CLIENT APPLICATION

DATE OF APPLICATION:					
COMPANY NAME DBA NAME, IF ANY					
MAIN / MAILING ADDRESS: FACTORY() SHOWROOM()	PHC	DNE	FAX	FAX	
CITY STATE ZIP	FED	ERAL TAX ID	EMERGENCY	EMERGENCY PHONE NO (CELL)	
SECONDARY ADDRESS: FACTORY() SHOWROOM()	PHC	DNE	FAX		
CITY STATE ZIP	YEA	R ESTABLISHED	DUNS NUMBE	DUNS NUMBER	
BUSINESS ENTITY CORP. () PARTNERSHIP () PROPRIETORSHIP (ATED COMPANY NAME, IF	ANY		
PRINCIPAL NAME	TITL	E	OWNERSHIP (%)	RESIDENCY STATUS	
HOME ADDRESS	PHC	DNE	SOCIAL SECU	I RITY NUMBER	
CITY STATE ZIP	DAT	E OF BIRTH	DRIVER'S LICE	ENSE NO.	
ADDITIONAL PRINCIPAL NAME, IF ANY	TITL	E	OWNERSHIP (%)	RESIDENCY STATUS	
HOME ADDRESS	PHC	DNE	SOCIAL SECU	RITY NUMBER	
CITY STATE ZIP	DAT	E OF BIRTH	DRIVER'S LICE	ENSE NO.	
CORPORATE SECRETARY, IF CORPORATION	TITL	E	OWNERSHIP (%)	RESIDENCY STATUS	
HOME ADDRESS	PHC	DNE	SOCIAL SECU	I RITY NUMBER	
CITY STATE ZIP	DAT	E OF BIRTH	DRIVER'S LICE	ENSE NO.	
BANK NAME FOR BUSINESS	ACC	COUNT NO.	CONTACT NAM	CONTACT NAME	
BANK ADDRESS			PHONE	PHONE	
BANK LOAN / LINE OF CREDIT CURRENT BALANCE	E OF CREDIT CURRENT BALANCE ACCOUNT NO. CONTACT NAME		ME		
CPA FIRM NAME	I		I CPA NAME		
ADDRESS			PHONE		
INDUSTRY BUSINESS TYPE APPAREL & TEXTILE () NON-APPAREL () IMPORT () MA		L LESALE()SERVICE(PRODUCTS		
MONTHLY SALES INVENTORY VALUE \$	WAREHOU	EHOUSE SIZE MONTHLY RENT / PAYMENT SQ.FT \$			
TRADE REFERENCE – NAME ADDRESS 1.			PHONE		
2.					
DECLARATION The information supplied in this application and all forms and document knowledge and belief. I/We hereby authorize Finance One, Inc. to invest/We will provide additional information, as Finance One, Inc. deems nesubmitting this application, I authorize Finance One, Inc. to search and finc. for the UCC-related fees and credit report fees.	stigate my/our financial resp cessary and requests inclu	ponsibility and creditworthine ding, but not limited to, finan	ess including inquiry into cial statements, tax retu	credit agencies. Irns, etc. By	

SIGNATURE: _____ DATE: _____





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	
Data		
Date:		