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**FINANCING APPLICATION
 TO LIQUID CAPITAL EXCHANGE, INC. (“LCXI”)**

Company Legal Name: _____ (“Applicant”)

DUNS#: _____

DBA/Trade Name: _____

(Please attach a list of any additional Corporate or DBA/Trade Names)

Corporate Contact/Title: _____ Mr. Ms.

Street Address: _____ **Suite or Unit #:** _____

City, State: _____ **Phone #:** () _____

ZIP Code: _____ **Fax #:** () _____

Website: _____ **Email:** _____

Financing Requested: Factoring ABL PFP Other (specify): _____

Facility Amount Requested: \$ _____

Type of Business: _____

Intended use of funds: _____

Previous Annual Sales:	\$ _____	Projected 12 Months Sales:	\$ _____
Previous Net Income:	\$ _____	Projected 12 Months Net Income:	\$ _____

TOP 5 CUSTOMERS	ESTIMATED ANNUAL SALES
1.	
2.	
3.	
4.	
5.	

Banking Information:

Bank: _____ Branch Contact: _____

Branch Location: _____ Phone Number: () _____

How long have you been with this bank? _____ Year(s)

Do you have any financing facilities with other banks? No Yes

If yes, please provide us with the information requested above.

Bank Security/Collateral Pledged: Accounts Inventory Equipment Other: _____

Accounts Receivable: Pledged as security elsewhere? No Yes, to whom: _____

MANAGEMENT/SHAREHOLDER CONTACT(S)	TITLE	% SHARES HELD	SIGNING AUTHORITY	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

LIST OF SUBSIDIARY AND RELATED CORPORATIONS: (Please provide a corporate organization chart if applicable)	OWNERSHIP BREAKDOWN BY PERCENTAGE:

Entity ID #: _____ Federal Tax #: _____

Do you use a payroll service? No ADP Ceridian Other: _____

How many employees do you have? _____

Does company have any federal or state taxes past due? No Yes: *provide details below.*

If "Yes", have arrangements to repay been agreed upon? No Yes: *attach details.*

DETAILS OF TAX ARREARS Indicate payment arrangements, or attach correspondence. If no arrears, check NIL.			
TAX:	ARREARS:	TAX:	ARREARS:
PAYROLL TAX	\$ NIL	CORPORATE INCOME TAX	\$ NIL
SALES TAX	\$ NIL	WORKERS COMPENSATION	\$ NIL

Name of Corporate Lawyer: _____ Phone #: () _____

Name of External Accountant: _____ Phone #: () _____

Referred to Liquid Capital by: _____ Phone#: () _____

Has the company been involved in any litigation, either currently or historically? No Yes

If yes, explain: _____

Have the owners, officers or key managers of the company ever been convicted of a felony? No Yes

If yes, explain: _____

Has the company ever filed for bankruptcy? No Yes

If yes, explain: _____

Has the company moved locations in the past 5 years? No Yes

If yes, explain: _____

CERTIFICATION

I hereby certify on behalf of Applicant that the information provided in this Application is true, accurate and complete. Permission is hereby granted for a confidential credit investigation. A copy of this form shall be good and sufficient authority for anyone having confidential or other information about the financial position of Applicant to disclose such information to LCXI upon request.

If representations are subsequently found to be incorrect or incomplete, LCXI reserves the right to reject this application and cancel any contract that may be negotiated and shall not be obliged to fulfil any agreement with Applicant, verbal or written. Applicant agrees that any expenses incurred by LCXI, because of reliance by it upon incomplete or incorrect statements made by Applicant herein are chargeable to the Applicant.

I have read and accept LCXI's Privacy Policy posted on the Liquid Capital websites (including www.liquidcapitalcorp.com).

I consent to LCXI and its affiliates sending me electronic messages with respect to the services provided by them. I understand that I may withdraw my consent at any time.

Print Name and Title of Signing Officer

Signature of Authorized Signing Officer of Applicant

Date: _____

SUPPORTING DOCUMENTATION CHECKLIST	FACTORING	ABL	PFP
Financial Statements: • Accountant prepared Annual Statements for last fiscal year end • Internally prepared Interim Statements (Balance sheet and Income Statement)	✓	✓	✓
Current detailed listing for Accounts Receivable and Accounts Payable	✓		
Customer list with phone numbers and addresses	✓		
List of orders on hand	✓		✓
Invoices to be factored plus supporting documentation	✓		
Current aged summary for Accounts Receivable and Accounts Payable		✓	✓
Articles of Incorporation. Include Articles of Amendment and Amalgamation (if applicable)	✓	✓	✓
Inventory summary (if applicable)	✓	✓	✓
Equipment summary (if applicable)		✓	
Current financing letters (i.e. bank, ABL, factor, etc.)	✓	✓	✓
Government registrations, certifications and insurance (Transportation only)	✓		

DIGITAL INVENTORY (PROSPECTS, SHAREHOLDERS, AFFILIATES)	FACTORING	ABL	PFP
Website Address	✓	✓	✓
Corporate email	✓	✓	✓
Social Media Accounts (Twitter, LinkedIn, Facebook etc.)	✓	✓	✓