

## FINANCING APPLICATION TO LIQUID CAPITAL EXCHANGE CORP. ("LCX")

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, Province: \_\_\_\_\_ Phone #: (     ) \_\_\_\_\_

Postal 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:

Federal/Provincial Corporation #: \_\_\_\_\_ Canada Revenue Agency Business #: \_\_\_\_\_ Workers Compensation #: \_\_\_\_\_

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

How many employees do you have? \_\_\_\_\_

Does company have any federal or provincial 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-FEDERAL	\$                      NIL	H.S.T.	\$                      NIL
PAYROLL TAX-PROVINCIAL	\$                      NIL	G.S.T / P.S.T.	\$                      NIL
CORPORATE INCOME 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 criminal offence?      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 LCX upon request.*

*If representations are subsequently found to be incorrect or incomplete, LCX 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 LCX, because of reliance by it upon incomplete or incorrect statements made by Applicant herein are chargeable to Applicant.*

*I have read and accept LCX's Privacy Policy posted on the Liquid Capital websites (including [www.liquidcapitalcorp.com](http://www.liquidcapitalcorp.com)).*

*I consent to LCX 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.)	✓	✓	✓