



GENEVA FACTORS

PO BOX 20092
New York, NY 10017

APPLICATION TO ENTER INTO A FACTORING AGREEMENT

- Incorporation Certificate
- \$1000.00 Check (One time Setup Fee for due diligence/Search) Please make check payable to Geneva Factors Ltd.

1. BUSINESS NAME [AS SHOWN ON ARTICLES OF FORMATION (CORPORATE, LLC OR PARTNERSHIP)]:

2. DATE ESTABLISHED: _____

3. TELEPHONE NUMBER: _____ Email: _____

4. FAX NUMBER: _____

5. STREET ADDRESS: _____

6. COUNTRY: _____

7. CITY, STATE, ZIP CODE: _____

8. TYPE OF BUSINESS: _____

9. LOCATION OF MAIN OFFICE: _____

OTHER LOCATIONS _____

10. IS BUSINESS CONDUCTED UNDER ANOTHER NAME (BRAND, TRADE STYLE, OR DBA) YES NO

11. LIST BRAND NAME, TRADE STYLE OR DBA: _____

12. STATE OF INCORPORATION, LLC, OR PARTNERSHIP FORMATION: _____

13. A COPY OF ARTICLES OF INCORPORATION AND/OR OPERATING AGREEMENT, IF D/B/A – COPY OF CERTIFICATE OR DBA OR TRADE STYLE

14. PRESIDENT, SOLE PROPRIETOR, SENIOR PARTNER, OR MANAGING MEMBER - % OWNED _____

NAME: _____ HOME PHONE: _____

HOME ADDRESS: _____ HOME PHONE: _____

CITY, STATE AND ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____

15. OFFICER, POSITION AND % OWNED: _____

NAME: _____ HOME PHONE: _____

HOME ADDRESS: _____ OWN RENT

CITY, STATE AND ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____

PREVIOUS EMPLOYMENT OR BUSINESS: _____

ADDRESS: _____ TELEPHONE: _____

_____ HOW LONG? _____

16. OFFICER, POSITION AND % OWNED: _____

NAME: _____ HOME PHONE: _____

HOME ADDRESS: _____ OWN RENT

CITY, STATE AND ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____

CITY, STATE AND ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____

PREVIOUS EMPLOYMENT OR BUSINESS: _____

ADDRESS: _____ TELEPHONE: _____

_____ HOW LONG? _____

17. OFFICER, POSITION AND % OWNED: _____

NAME: _____ HOME PHONE: _____

HOME ADDRESS: _____ OWN RENT

CITY, STATE AND ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____

PREVIOUS EMPLOYMENT OR BUSINESS: _____

ADDRESS: _____ TELEPHONE: _____

_____ HOW LONG? _____

18. NAME OF ACCOUNTANT: _____

FIRM: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

19. NAME OF ATTORNEY _____

FIRM: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

20. NAME OF INSURANCE AGENT: _____

FIRM: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

21. NUMBER OF EMPLOYEES: _____

22. DATE OF LAST INCOME TAX RETURNED FILED: _____

COPY PROVIDED HEREWITH YES NO

23. HOW OFTEN DO YOU FILE 941 PAYROLL TAXES: WEEKLY MONTHLY QUARTERLY ANNUALLY

24. A COPY OF THE LAST TWELVE 941 FILINGS AND PROOF OF PAYMENTS IS PROVIDED HEREWITH. YES NO

25. ARE ANY OF YOUR FEDERAL, STATE, OR LOCAL TAXES PAST DUE? YES NO

26. IF YOUR ANSWER IS YES, EXPLAIN (INCLUDE TYPE, PERIOD AND AMOUNT OF TAXES DUE) _____

27. HOW OFTEN ARE FINANCIAL STATEMENTS PREPARED? _____

ATTACH LATEST FINANCIAL STATEMENT.

28. DOES THE COMPANY OWN REAL ESTATE? YES NO IF YES, DESCRIBE _____

29. AMOUNT OF ACCOUNT RECEIVABLES NOW OPEN: _____

AVERAGE MONTHLY SALES: _____

30. NUMBER OF ACCOUNTS: _____ TERMS OF SALES _____

31. ARE YOU CURRENTLY FACTORED? YES NO HAVE YOU FACTORED IN THE PAST? YES NO

IF YES, WITH WHOM AND UNDER WHAT CORPORATE NAME _____

32. DO YOU FINANCE YOUR RECEIVABLES AND/OR YOUR INVENTORY? YES NO

HAVE YOU FINANCED YOUR RECEIVABLES AND/OR YOUR INVENTORY IN THE PAST? YES NO

IF YES, WITH WHOM AND UNDER WHAT CORPORATE NAME _____

33. ARE YOUR RECEIVABLES PLEDGED AS COLLATERAL YES NO

IF YES, TO WHOM? _____

34. ARE THERE OTHER COMMERCIAL LOANS OUTSTANDING? YES NO

IF YES DESCRIBE: _____

35. ARE THERE EQUIPMENT LEASES OUTSTANDING? YES NO IF YES, EXPLAIN (INCLUDE NAME OF LESSOR, DESCRIPTION OR EQUIPMENT LEASED, TERMS OF THE LEASE AND PERIOD REMAINING) _____

36. AMOUNT OF ORDERS NOW OPEN _____
DESCRIBE MERCHANDISE ON ORDER; DELIVERY DATES; AND CUSTOMER PLACING THE ORDER (ATTACHED ADDITIONAL SCHEDULE IF NECESSARY) _____

IDENTIFICATION

PROVIDE PHOTOCOPY OF DOCUMENT THAT ESTABLISH IDENTITY (E.G.: DRIVER'S LICENSE, U.S. PASSPORT ETC.)

GENERAL BANKING INFORMATION

BUSINESS BANKING ACCOUNT

NAME OF THE BANK _____ HOW LONG? _____

ADDRESS OF BANK _____

ACCOUNT NUMBER _____ BANK OFFICER _____

TELEPHONE NUMBER _____

NAME OF THE BANK _____ HOW LONG? _____

ADDRESS OF BANK _____

ACCOUNT NUMBER _____ BANK OFFICER _____

TELEPHONE NUMBER _____

BUSINESS LOANS

NAME OF FINANCIAL INSTITUTION: _____

HOW LONG? _____

ADDRESS OF FINANCIAL INSTITUTION _____

LOAN NUMBER _____ OFFICER _____

TELEPHONE _____ TYPE AND AMOUNT OF LOAN _____

COLLATERAL _____

NAME OF FINANCIAL INSTITUTION: _____

HOW LONG? _____

ADDRESS OF FINANCIAL INSTITUTION _____

LOAN NUMBER _____ OFFICER _____

TELEPHONE _____ TYPE AND AMOUNT OF LOAN _____

COLLATERAL _____

PERSONAL ACCOUNTS

NAME OF THE BANK _____ HOW LONG? _____

ADDRESS OF BANK _____

ACCOUNT NUMBER _____ BANK OFFICER _____

TELEPHONE NUMBER _____

NAME OF THE BANK _____ HOW LONG? _____

ADDRESS OF BANK _____

ACCOUNT NUMBER _____ BANK OFFICER _____

TELEPHONE NUMBER _____

PLEASE PROVIDE THE NAMES OF THREE BUSINESS REFERENCES (INCLUDE TITLE, COMPLETE ADDRESS, AND TELEPHONE NUMBER)

THE STATEMENTS MADE AND INFORMATION FURNISHED IN CONNECTION WITH THIS APPLICATION ARE TRUE AND CORRECT AND I UNDERSTAND THAT GENEVA WILL RELY ON THEM IN PROCESSING MY APPLICATION. IN THAT CONNECTION, I HEREBY AUTHORIZE GENEVA AND ITS DESIGNEES TO USE ANY BUSINESS OR CONSUMER REPORTING COMPANY OR CREDIT BUREAU TO VERIFY THE FOREGOING TO OBTAIN BACKGROUND INFORMATION REGARDING MY BUSINESS AND ME AND THE INFORMATION PRESENTED IN THE FOREGOING AND TO DISCLOSE IT TO GENEVA IN SUPPORT OF THIS APPLICATION.

DATED _____

SIGNED _____

NAME _____

COMPANY NAME _____

Tel: (212) 935-6156

Fax: (212) 755-3208

