

Purchase Order Financing Application

Requested Facility Size \$ _____ Projected Annual Sales: \$ _____
Referred by: _____ Current Amount of Open A/R: \$ _____

GENERAL BUSINESS INFORMATION

Legal Name(s) of Business: _____
Trade Name(s) of Business: _____
Business Description: _____
Intended Use of Proceeds: _____
Primary Business Address: _____
Alternate Mailing Address: _____
Business Phone Number: _____ State of Organization: _____
Legal Form of Business: _____ Date of Foundation: _____
Federal Tax ID#: _____ Website: _____

Primary Business Contact: _____ Title: _____
Telephone #: _____ Cell #: _____ Fax #: _____
Email Address: _____

Secondary Business Contact: _____ Title: _____
Telephone #: _____ Cell #: _____ Fax #: _____
Email Address: _____

Bank Name: _____ Address: _____ Telephone #: _____
Chkg Acct #: _____ Svgs Acct #: _____ Loan #: _____

Accountant Name: _____ Telephone #: _____
Accountant Address: _____

Attorney Name: _____ Telephone #: _____
Attorney Address: _____

Insurance Agent Name: _____ Telephone #: _____
Insurance Agent Address: _____ Policy Exp: _____

Landlord Name: _____ Monthly Pmt: _____ Telephone #: _____
Landlord Address: _____ Lease Exp: _____

FINANCIAL SUMMARY

	Sales	Gross Margin	Operating Income	Net Income
YTD	_____	_____	_____	_____
Projected 2012	_____	_____	_____	_____
2011	_____	_____	_____	_____
2010	_____	_____	_____	_____
Total Current Assets:	_____		Total Assets:	_____
Total Current Liabilities:	_____		Total Liabilities:	_____
Total Equity:	_____		Total Contributed Equity:	_____

COMPANY DEBT AND LIABILITIES SCHEDULE

Creditor Name	Date	Original Amount	Present Balance	Int Rate	Collateral	Maturity Date
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

ACCOUNTS RECEIVABLE INFORMATION

Trade Receivables Outstanding
 0-30 days _____ 31-60 days _____ 61-90 days _____ Over 90 days _____
 Average Monthly Sales _____ Total # of Customers _____
 Average # of Invoices/Month _____ Average Invoice Value _____
 Average # of Days to Collect _____ Write-Off % _____ Terms of Sale _____
 Average Length of Customer Relationship _____ Are Key Customers Domestic or Foreign _____
 Any Credit Enhancement such as a Factor, Credit Insurance or Guarantee _____

ACCOUNTS PAYABLE INFORMATION

Trade Payables Outstanding
 0-30 days _____ 31-60 days _____ 61-90 days _____ Over 90 days _____
 Average Monthly Purchases _____ Total # of Vendors _____
 Terms of Purchase _____ Average # of Days to Pay _____
 Average Length of Vendor Relationship _____ Are Key Suppliers Domestic or Foreign _____

DETAILED BUSINESS INFORMATION

Below please describe in detail the Company's product offerings

Current Inventory Level at Cost _____ YTD Min Inventory Level at Cost _____
 YTD Max Inventory Level at Cost _____ Annual Inventory Turns _____
 Describe Business Seasonality _____
 Describe your inventory processing and tracking systems:

Does the Company perform manufacturing or value-add processing? If so, please describe

KEY SUPPLIERS:

Company Name	How Long	Shipment Method	Annual Purchase Volume	Description of Products
_____	_____	_____	_____	_____
Address _____	% of Inventory Purchased _____			
Company Name	How Long	Shipment Method	Annual Purchase Volume	Description of Products
_____	_____	_____	_____	_____
Address _____	% of Inventory Purchased _____			
Company Name	How Long	Shipment Method	Annual Purchase Volume	Description of Products
_____	_____	_____	_____	_____
Address _____	% of Inventory Purchased _____			

KEY CUSTOMERS:

Company Name	How Long	Shipment Method	Annual Sales Volume	Desc of Customer Business
_____	_____	_____	_____	_____
Address _____				% of Sales _____
Company Name	How Long	Shipment Method	Annual Sales Volume	Desc of Customer Business
_____	_____	_____	_____	_____
Address _____				% of Sales _____
Company Name	How Long	Shipment Method	Annual Sales Volume	Desc of Customer Business
_____	_____	_____	_____	_____
Address _____				% of Sales _____

FACTOR RELATIONSHIP

Name: _____
 Factor Address: _____
 Factor Contact: _____ Factor Telephone #: _____
 Length of Relationship: _____ Factor Line Limit: _____

COMPANY LEGAL AND OPERATING CONDITION

Does the Company Currently Have any Secured Creditors? Y / N If Yes, With Whom?: _____
 Are any UCC's on File with A/R as Collateral? Y / N If Yes, Explain: _____
 Are there any delinquent Federal, State or Payroll taxes? Y / N If Yes, Explain: _____
 Has the Company/Principals ever filed Bankruptcy? Y / N If Yes, Explain: _____
 Has any Owner/Officer ever been arrested or convicted of any felony or misdemeanor? Y / N If Yes, Explain: _____
 Are there any Judgments/Liens against the Company or any Owner/Officer? Y / N If Yes, Explain: _____
 Has the Company ever operated under a different name? Y / N If Yes, Explain: _____
 Is the company now or within the last year involved in any lawsuits? Y / N If Yes, Explain: _____

OWNER/OFFICER/PARTNER INFORMATION

Name: _____ Email Address: _____
 Street Address: _____
 Social Security # _____ Driver's License #: _____ Ownership %: _____
 Position: _____ DOB: _____ Home Phone #: _____ Cell Phone #: _____
 Prior Addresses Within Last 10 Years: _____

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 Street Address: _____
 Social Security # _____ Driver's License #: _____ Ownership %: _____
 Position: _____ DOB: _____ Home Phone #: _____ Cell Phone #: _____
 Prior Addresses Within Last 10 Years: _____

AUTHORIZATION TO OBTAIN INFORMATION

We authorize Durham Commercial Capital Corp (DCCC) to obtain whatever information regarding employment, bank accounts, and/or outstanding credit (mortgage, auto, personal, home improvement, charge cards, credit unions, etc.) that DCCC deems to be necessary in connection with this application or in the course of review or collection, of any credit extended in reliance on this application. We authorize and instruct any consumer credit agency, commercial credit reporting agency, business or person to compile and furnish to DCCC any such information regarding us or our business(es) as may be requested by DCCC and agree that such information, along with this application, shall remain DCCC's property whether or not the application is approved.

This authorization will be valid for a period of two years from the date below or as long as the applicant has an outstanding balance with DCCC. A photocopy of this authorization will be valid as the original. We authorize Durham Commercial Capital Corp to verify or check any of the information given, including credit references and employment and to obtain credit bureau reports as Durham Commercial Capital Corp deems necessary.

We hereby authorize DCCC to record UCC1 financing statements in any jurisdiction which it deems appropriate.

The statements made in and documents attached to this application are true and accurate. We sign this application under penalty of perjury. We acknowledge that DCCC will rely on this information to provide money to us. Each of the undersigned has read this application and the documents attached to it and are authorized to sign in their respective positions set forth below.

If you have forwarded this application to us electronically, this will act as your signature and authorization to proceed with our analysis. If you wish to add your electronic signature, please proceed to the non-required signature fields below.

Principal Name: _____ Date: _____

Principal Signature: _____ Title: _____

Principal Name: _____ Date: _____

Principal Signature: _____ Title: _____

Submit via Email

REQUIRED FINANCIAL INFORMATION

In order to prevent delays, please include the following information with your application:

- ___ Application
- ___ Customer List with names, addresses, zip codes and phone numbers
- ___ Financial Statement (Profit & Loss Statement and Balance Sheet)
 - ___ Business (current month, year-to-date and projections)
 - ___ Tax Returns (previous three years)
 - ___ Personal Financial Statement for all owners with 20% or more equity interest (current, on Durham Commercial Capital's form if possible)
 - ___ Copy of most recent 941 filing and last year's tax return
- ___ Copy of Articles of Incorporation, Corporate By-laws, and DBA filing if applicable
- ___ Accounts Payable Aging
- ___ Detailed Accounts Receivable Aging by invoice
- ___ Copies of Purchase Orders from customers
- ___ Copies of any contracts related to this Purchase Order
- ___ Copies of Purchase Orders to vendors for materials purchased to complete project