

McKenzie Banking Company/Foundation Bank

Factoring Department
P.O. Box 936
Paris, Tennessee 38242
Phone: 731-642-8958, then dial Ext. 278
Fax: 731-642-0060

APPLICATION

LEGAL BUSINESS NAME: _____

DATE ESTABLISHED _____ TRADE NAME (If different from above) _____

STREET ADDRESS _____

CITY _____ STATE _____ POSTALCODE _____

COUNTY _____

MAILING ADDRESS _____

CITY _____ STATE _____ POSTALCODE _____

COUNTY _____

TELEPHONE _____ FAX _____

ADDRESS OF PRINCIPAL PLACE OF BUSINESS (If different from above):

PREVIOUS BUSINESS NAMES USED WITHIN THE LAST FIVE YEARS:

NATURE OF BUSINESS: _____

TYPE OF ENTITY:

_____ CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETORSHIP

_____ LIMITED LIABILITY CO. _____ OTHER (SPECIFY) _____

If a corporation, in which state are you incorporated? _____

Federal Tax # _____ State Tax # _____

OWNERS' AND/OR OFFICERS' RESIDENCE:

Name & Title _____

Address _____ Own ___ Rent ___

Telephone _____ D/L # _____ State of D/L _____

Social Security # _____ DOB _____

Name & Title _____

Address _____ Own ___ Rent ___

Telephone _____ D/L # _____ State of D/L _____

Social Security # _____ DOB _____

RECEIVABLES: Open \$ _____ Factored before? (Yes ___ No ___)

Factored by: _____

Approx. no. of accounts _____ Terms of sale _____

Average mo. sales volume \$ _____ Average mo. no. invoices _____

Average invoice amt. \$ _____ Average days A/R turnover _____

CUSTOMER ACCOUNTS:

Name _____ Annual Volume \$ _____
Address _____ Telephone _____

Name _____ Annual Volume \$ _____
Address _____ Telephone _____

Name _____ Annual Volume \$ _____
Address _____ Telephone _____

Name _____ Annual Volume \$ _____
Address _____ Telephone _____

FIRE INSURANCE: Inventory \$ _____ Agent _____
Fixtures & equip. \$ _____ Address _____
Bldg. \$ _____ Telephone _____

BANK ACCOUNT (BUSINESS):

Bank or S/L name _____ Contact _____
Address _____
Telephone _____ Account # _____ ABA# _____

BANK ACCOUNT (PERSONAL):

Bank or S/L name _____ Contact _____
Address _____
Telephone _____ Account # _____ ABA# _____

NAME OF COMPANY ATTORNEY: _____
Address _____ Telephone _____

NAME OF COMPANY ACCOUNTANT: _____
Address _____ Telephone _____

Are regular financial statements prepared? (Yes ___ No ___) How often? _____

Date of last financial statement _____

Copy of financial statement is hereby provided (Yes ___ No ___)

Do any customers have a right of return or credit on unsold or unsatisfactory goods/services?
(Yes ___ No ___)

Customer name and telephone _____

Are any taxes past due? (Yes ___ No ___) (If yes, please fill out below)

Federal \$ _____ Agent name _____

Telephone _____

State \$ _____ Agent name _____

Telephone _____

Local \$ _____ Agent name _____

Telephone _____

Employment \$ _____ Agent name _____

Telephone _____

TRADE CREDITORS / PRINCIPAL SUPPLIERS:

Name _____ Contact _____
Address _____ Telephone _____

Name _____ Contact _____
Address _____ Telephone _____

Name _____ Contact _____
Address _____ Telephone _____

Are any assets now assigned or pledged as collateral for a loan or other financing?

ACCOUNTS

RECEIVABLE: (Yes___ No___) To whom? _____
Address _____ Telephone _____

INVENTORY: (Yes___ No___) To whom? _____
Address _____ Telephone _____

EQUIPMENT: (Yes___ No___) To whom? _____
Address _____ Telephone _____

FIXTURES: (Yes___ No___) To whom? _____
Address _____ Telephone _____

OTHER: (Yes___ No___) To whom? _____
Address _____ Telephone _____

Has the business ever declared bankruptcy? (Yes ___ No ___)

If so, Chapter # and Date of Filing _____
Status of Bankruptcy _____

List any lawsuits presently filed against the company?

Comments:

The above information is true and accurate to the best of my information and belief.

Dated: _____, 20___. Signed: _____

Title: _____