

**APPLICATION TO ENTER INTO A SECURITY AGREEMENT WITH
ACCOUNTS RECEIVABLE FUNDING CORPORATION**

PLEASE TYPE OR PRINT LEGIBLY

1. Business Name: _____ Phone _____
2. Street Address: _____ Fax _____
3. County: _____ City: _____ State: _____ Zip: _____
4. Date Business Established: _____ Does Company own any real Property: _____ If yes please list addresses:
5. _____
6. Nature of Business: _____ Co. email address _____
6a. Type of business: Sole Proprietor Partnership Corporation LLC (Check one) If you are a corporation please tell us who is:
6b. The President _____ Vice President _____ Secretary _____ Treasurer _____

PRINCIPALS

7. President, Sole Name: _____ Title _____ DOB _____
Proprietor, or Home Street Address: _____ County _____
Sr. Partner City, State, Zip: _____ email address _____
%Owned _____ Home Phone: _____ SS# _____ D License # _____ State _____
Cell Phone _____ Pager Number _____
8. Spouse of #7 Name: _____ Title _____ DOB _____
or other Partner Home Street Address: _____ County _____
City, State, Zip: _____ email address _____
Home Phone: _____ SS# _____ D License # _____ State _____
Cell Phone _____ Pager Number _____
9. Other Officer, Name: _____ Title _____ DOB _____
Shareholder, or Home Street Address: _____ County _____
Other Partner City, State, Zip: _____ email address _____
%Owned _____ Home Phone: _____ SS# _____ D License# _____ State _____
Cell Phone _____ Pager Number _____
10. Spouse of #9, Name: _____ Title _____ DOB _____
Shareholder, or Home Street Address: _____ County _____
Other partner City, State, Zip: _____ email address _____
Home Phone: _____ SS# _____ D License# _____ State _____
Cell Phone _____ Pager Number _____

TAX INFORMATION

14. Federal ID Number: _____ Organization ID# _____ Number of Employees: _____ 15. How often do you remit
941 Payroll Taxes? _____
16. Do you have any Federal or State Taxes past due? _____ 16A. If yes to #16 has a lien been filed _____ If yes to #16 please list type,
quarter/year and amounts: _____
17 Do you remit 941 taxes weekly, bi-weekly monthly quarterly
17A. Do you have any judgements or liens? _____ If yes explain on back of this sheet or on extra sheet.

RECEIVABLES INFORMATION

27. What is the purpose of the funds to be generated from factoring? _____
28. Dollar amount of receivables now open: _____ Average Monthly Sales: _____ Number of Customers _____
29. Your Invoice Terms _____ Amount you intend to factor Monthly _____ 30. Max anticipated factoring volume? _____
31. Have you factored before? _____ If yes with whom? _____
32. Are your receivables pledged as Collateral? _____ If yes, pledged to whom _____
33. Any other commercial Loans/Leases outstanding? _____ If yes, please list: _____

YOUR CUSTOMER INFORMATION

Please list 4 major customers, their mailing address, phone number and approximate dollar amount you do with them on a monthly basis.

34.	NAMES OF TOP 4 CUSTOMERS	ADDRESS/PHONE	\$ AMOUNT PER MONTH
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____

35. Do you lease your business space? _____ Period of present Lease _____ Name of Landlord _____

36. Street Address: _____ City: _____ State: _____ Zip _____

37. Monthly Rent _____ Phone # _____ Fax # _____

38. How did you hear about INVESTORS MUTUAL OF NUECES, INC./ACCOUNTS RECEIVABLE FUNDING CORPORATION

I/We have been told and do understand that the submission of an application for financing with Accounts Receivable Funding Corporation (hereinafter "ARFC") does not mean that ARFC will factor or provide any financial services whatsoever.

I/We further have been told and do understand that approval to factor may come only after the Board of Directors of ARFC approves said application and the invoices and / or the accounts offered are approved in accordance with the terms of ARFC Security Agreement.

The above statements are true and accurate to the best of my information and belief. This serves as my permission for the release of any information regarding this application for the purposes of credit investigation to Accounts Receivable Funding Corporation

Signed: _____ Dated: _____

Print Name and Title: _____