

Our business is the ability to build yours.



PRIMARY SERVICE: Accounts Receivable Management and Funding

EXPERIENCE: Over 100+ years combined in the Accounts Receivables Financial services industry

GEOGRAPHIC RESTRICTIONS: None, clients may be located anywhere in the continental U.S.

AVERAGE CLIENT ANNUAL VOLUME: Start-up companies to \$70,000,000 in annual sales

BANK REFERENCE: David Torris, Senior VP, SunTrust Bank, Greenville, SC Phone: (864) 451-5222

FULL SERVICE PROGRAM FOR ACCOUNTS RECEIVABLE:

- Approval within 24 to 48 hours
- Payments and reserves are posted on the same day and made available to client
- Free credit investigation and continuous evaluation of customer base
- Free invoice by invoice monitoring by a designated Account Manager
- Professional collection calls on past due invoices
- Free online daily reports
- Same day funding

STANDARD FEE STRUCTURE:

- For clients funding in excess of \$2,000,000 annually, a fee as low as 1.00 % of the invoice amount
- For clients funding less than \$2,000,000 annually, a fee as low as 1.50% of the invoice amount

STANDARD PROGRAM:

- Clients determine which accounts are to be funded based on their cash flow needs
- Standard advance rate of 85%, other advance rates available depending on client's needs
- Fees based on a 30-day payment cycle from day of funding. If invoice goes beyond 30 days from funding, fee is pro-rated on a daily basis until payment is collected.
- Alternative programs available upon request based on qualifications
- No long term contracts
- No application fee

TARGET MARKET:

- Companies with stable or increasing revenues that need working capital for growth
- Established companies with recent history of unprofitable operations that have a good plan of turnaround
- Companies needing working capital, that have a limited track record, i.e. start-up companies
- Companies with established track records and good balance sheets that may have an opportunity for continuous growth, however, the requirements do not meet the bank's borrowing criteria
- Companies with a high concentration in accounts receivable in need of either permanent or temporary (bridge) financing
- Businesses with good sales volume that don't want to invest in an accounts receivable department and would prefer to outsource this function.

COMPANY GOAL:

TO CREATE SOLUTIONS FOR OUR CLIENTS TO ACHIEVE THEIR FINANCIAL GOALS

Resourceful | *Flexible* | *Reliable*

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Associated Receivables Funding, Inc.

PROSPECTIVE CLIENT INFORMATION AS OF _____

- 1. Legal Name of Business: _____
- 2. Trade Name: _____ 3. Federal ID#: _____
- 4. Main Office Address: _____
- 5. Mailing Address: _____
- 6. Date Established: _____ 7. Phone: _____ 8. Fax: _____
- 9. Website: _____ 10. Email Address: _____
- 11. Has there been a change of owners during the last 12 months or has there ever been a change of name of business?
No _____ Yes _____ If yes, please explain: _____
- 12. What type of business: _____ 13. State of Incorporation: _____

ACCOUNTS RECEIVABLE INFORMATION

- 14. Total Receivables Outstanding:
 - 1-30 Days \$ _____
 - 31-60 Days \$ _____
 - 61-90 Days \$ _____
 - 91 + Days \$ _____
- 15. Total Revenue: Last 30 Days: \$ _____ Past 12 Months: \$ _____
- 16. Projected Revenue: Next 12 Months: \$ _____
- 17. Amount to be Factored: \$ _____
- 18. Average Invoice Amount: _____
- 19. Average Number of Invoices per week: _____

20: List company's five (5) largest customers:

Name of Company	City/State	Contact Person/Telephone Number

- 21. Has this company ever factored or pledged its accounts receivable? No ___ Yes ___ Is there a lien on the company's Accounts Receivable? No ___ Yes ___ If yes to either question, please give details, including names of party to whom Receivables are or were factored or pledged: _____
- 22. Are any Federal, and/or State payroll taxes past due? No _____ Yes _____
- 23. Is this company now or has it ever been in bankruptcy? No _____ Yes _____



Associated Receivables Funding, Inc.

PROSPECTIVE CLIENT INFORMATION AS OF _____

INDIVIDUAL INFORMATION

24. Please list all OWNERS, SHAREHOLDERS, OFFICERS and/or DIRECTORS of company:

A. Full Name: _____
First Middle Last

Home Address: _____
Physical Address City County State ZIP

Home Phone: _____ Social Security Number: _____

Title: _____ Director? No ___ Yes ___ Ownership % _____ Are You a US Citizen? Yes ___ No ___

Nearest Relative: _____
Full Name Address Phone Number

B. Full Name: _____
First Middle Last

Home Address: _____
Physical Address City County State ZIP

Home Phone: _____ Social Security Number: _____

Title: _____ Director? No ___ Yes ___ Ownership % _____ Are You a US Citizen? Yes ___ No ___

Nearest Relative: _____
Full Name Address Phone Number

C. Full Name: _____
First Middle Last

Home Address: _____
Physical Address City County State ZIP

Home Phone: _____ Social Security Number: _____

Title: _____ Director? No ___ Yes ___ Ownership % _____ Are You a US Citizen? Yes ___ No ___

Nearest Relative: _____
Full Name Address Phone Number

REFERENCES

25: Bank: _____ Phone: _____

Officer: _____ Account Number: _____

26: Accountant: _____ Phone: _____

Contact: _____ Years with Firm: _____

DOCUMENTS NEEDED

- 27. Financial Statements and Business Tax Returns for the Most Recent Two (2) Years
- 28. Current Detailed Accounts Receivable Aging
- 29. Personal Financial Statements of Your Companies Principals
- 30. Accounts Payable Schedule
- 31. Articles of Incorporation
- 32. Invoice Sample and Backup to Invoice
- 33. Front and Back of Driver's License for persons listed above

DECLARATION

The information supplied in this Prospective Client Information form and all forms and documentation submitted to Associated Receivables Funding, Inc. and or its subsidiaries/affiliates in connection herewith is true, correct and complete to the best of my knowledge and belief. I/we hereby authorize Associated Receivables Funding, Inc. to investigate my/our financial responsibility and credit worthiness as deemed necessary by Associated Receivables Funding, Inc. I/we grant Associated Receivables Funding, Inc. the right to procure any and all credit reports pertaining to any party to this application.

Signed By: _____ Title: _____ Date: _____

Signed By: _____ Title: _____ Date: _____



Associated Receivables Funding, Inc. PERSONAL FINANCIAL STATEMENT AS OF

DATE: _____

Name: _____
 Spouse: _____
 Address: _____
 Phone: _____

Social Security Number: _____
 Social Security Number: _____
 City & State _____ Zip: _____
 E-mail: _____

ASSETS

Cash on Hand and in Banks	\$
Cash Value of Life Insurance	\$
Investments: (Schedule A)	
U.S. Government Securities	\$
Listed Securities	\$
Unlisted Securities	\$
Other Investments	\$
Notes and Accounts Receivables (Schedule B)	\$
Real Estate (Schedule C)	\$
Automobiles, Machinery & Equipment (Schedule D)	\$
Personal Property	\$
Other Assets (Describe)	\$
_____	\$
_____	\$
TOTAL ASSETS:	\$

SOURCE OF INCOME

Salary:	\$
Bonuses and Commissions	\$
Dividends and Interest	\$
Real Estate Income	\$
Other	\$
_____	\$
_____	\$
TOTAL INCOME:	\$

LIABILITIES

Notes Payable (Schedule E)	
Bank Name:	\$
Bank Name:	\$
Bank Name	\$
Others	\$
Accrued Taxes	\$
Real Estate Mortgages (Schedule C)	\$
Other Debts (Itemize)	\$
Other Debts (Itemize)	\$
Other Debts (Itemize)	\$

TOTAL LIABILITIES:	\$
NET WORTH:	\$
TOTAL LIABILITIES AND NET WORTH:	\$

PERSONAL INFORMATION

Business or Occupation: _____
 Partner or Officer in Any Other Venture _____

 Personal Bank Account Carried at: _____
 Other Accounts: _____
 Other Accounts: _____
 Executor of Your Will: _____

The information contained in this statement is provided to Associated Receivables Funding, Inc. (A/R Funding) and/or its subsidiaries/affiliates to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledge and understand that A/R Funding is relying on the information provided herein on deciding to grant or continue credit or to accept guaranty thereof. Each of the undersigned represents, warrants, and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify A/R Funding immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its obligations to A/R Funding. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify A/R Funding as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, A/R Funding may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. A/R Funding is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give A/R Funding any information they may have on the undersigned. Each of the undersigned authorizes A/R Funding to answer questions about A/R Funding's credit experience with the undersigned. As long as any statement and any other financial statement and any other financial or other information that the undersigned give A/R Funding shall be A/R Funding's property.

THE UNDERSIGNED HAVE READ AND FULLY UNDERSTAND THE FOREGOING REPRESENTATIONS AND WARRANTIES

Signature: _____ Date: _____

Signature: _____ Date: _____

(PLEASE COMPLETE SCHEDULES AND PERSONAL INFORMATION ON PAGE 2 OF THIS DOCUMENT)



Associated Receivables Funding, Inc.
PERSONAL FINANCIAL STATEMENT AS OF _____
 Date

GENERAL INFORMATION

Are any Assets Pledged? _____

Are you a defendant in any Suits or Legal Action? _____

Are you a US Citizen? **Yes** **No** _____

Have you ever taken Bankruptcy? Explain: _____

CURRENT LIABILITIES

As Endorser or Co-maker \$ _____

On Leases or Contracts \$ _____

Legal Claims \$ _____

Provisions for Federal Income Taxes \$ _____

Other Special Debt \$ _____

SCHEDULE A - INVESTMENTS

Description	Shares	Name Recorded In	Pledge to	Cost	Market Value

SCHEDULE B – NOTES AND ACCOUNTS RECEIVABLE

Due From	Collateral	Maturity	Amount

SCHEDULE C – REAL ESTATE

Description of Property	Date Acquired	Name Title In	Cost	Market Value	Mortgage Balance	Mortgage Held By

SCHEDULE D – AUTOMOBILES, MACHINERY, AND EQUIPMENT

Description	Year Acquired	Cost	Present Market Value	Loan Balance	Payable	How Payed

SCHEDULE E – NOTES PAYABLE

Name of Creditor Or Mortgage Holder	Date Opened	Amount	Collateral	Terms	Owing