Thank you for considering Creative Capital Associates, Inc.

Our firm provides accounts receivables financing for emerging growth companies. In order to qualify, your business has to be generating invoices for work that has been completed and accepted by your commercial customers.

Please print out this Adobe Acrobat Document. It is our client application. Upon receiving your completed application, we can begin our due diligence activities. Within a day or so, we will submit to you a term sheet proposal. The proposal will outline the terms & conditions, including rates for financing.

In the middle of page 4 there is a list of additional documents we will need before we can actually begin the funding. In the case of a start up company some of the financials may be unavailable. That is okay, we fully understand the nature of a start up company.

The entire application process usually takes 5 – 10 business days. As quickly as we get the proper documentation from you, the sooner we can begin funding.

At this point in the process we are not contacting any of your customers. You can rest assured that those relationships that you depend on will not be disturbed. We will be checking customer credit availability using public record information like Experion® and D&B®. Again, this has no residual affect on your company or your customers.

After we agree on the term sheet, we produce contracts based on the terms and overnight them to your office. After we receive the signed contracts back in our office we are ready to begin funding.

Any questions or concerns please call 301-681-0080. We look forward to assisting your company in its expansion.

Creative Capital Associates, Inc.

P.O. Box 1926, Silver Spring, MD, 20915
301-681-0080 Tel.
240-526-4031 eFax

Creative Capital Associates Client Application

GENERAL BUSINESS INFORMATION

Business Name: _____

D/B/A Name:_____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Website:_____

Email address: _____

Please Print Clearly

Corporation: _____ Partnership: _____ Other: _____

State of Incorporation:_____ Year Started: _____ No. of Employees: _____

Federal Tax ID: EIN _____

Product or Type of Business: _____

Have you factored before? ____ Y or _____ N

SALES INFORMATION

Current A/R Balance: _____ Selling Terms: Net -_____
Average Monthly Sales: _____ Projected Monthly Sales:_____
% of Sales to be Factored: _____ Average Invoice Size:_____

List Largest Customers and Average Monthly Receivables; **address and phone #:**
(Attach as additional page if necessary)

1. _____

2. _____

3. _____

4. _____

5. _____

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HISTORY

This section of the application is **required** to be completed. It is important that your answers be truthful and accurate. Any "yes" answers will not disqualify you from consideration for funding, but a "no" answer that we find is really a "yes" might.

Has the company ever declared bankruptcy? _____Yes _____ No **please initial**

Have any company officers declared personal bankruptcy? _____Yes _____ No **please initial**

Does the company have any prior or present judgments? _____Yes _____ No **please initial**

Do any company officers have any personal judgments? _____Yes _____ No **please initial**

We understand there might be a legitimate explanation for these sorts of issues. Kindly provide any form of narrative and backup documents to support the reason.

BANK AND SECURITY INFORMATION

Which institutional bank handles you operating account:

_____

Does the company have any existing outstanding loans? _____Yes _____ No

Name of lender(s) _____

Check all items for which your lender has a security interest:

Accounts Receivable ___ Equipment ___ Inventory ____ All Assets _____

If any other entity or person has a security interest in any of your assets, please complete the following:

Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone: _____
Purpose and Security: _____

TAXES

Are any company taxes past due? _____Yes _____ No

If yes, which type: Federal _____ State _____ Local _____

Amount _____

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COMPANY OFFICERS

1. Name: _____ Title:_____

Address: _____ City:_____

State: _____ Zip Code: _____ Home Phone:_____

Social Security #: _____ % of Ownership: _____

Date of birth: _____ Driver's License #: _____

Have you ever been arrested for, charged with or convicted of *any crime? Yes*_____ *No*_____ **please initial**
If yes, please explain: _____

2. Name: _____ Title: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone:_____

Social Security #: _____ % of Ownership: _____

Date of birth: _____ Driver's License #_____

Have you ever been arrested for, charged with or convicted of *any crime? Yes*____ *No* _____ **please initial**
If yes, please explain:_____

In order for your new account to be processed in a timely manner, please submit the following documents with this application:

1. **Current company financial statements**
2. **Articles of Incorporation or Other; LLC Partnership, D/B/A Filings**
3. **Current Accounts Receivable Aging**
4. **Proof of Federal Tax ID # (e.g., an IRS letter or tax coupon)**
5. **Photo Copy of driver's license(s) for Company's principal(s) [enlarge photocopy]**
6. **Sample Copy of your business invoice**

The undersigned agrees that the information provided is deemed accurate. Signee authorizes CCA and all its Strategic Financial Partners to verify the contents, to obtain credit reports, and to contact reliable sources to approve this client. The undersigned further authorizes any agency or institution to release information requested as it regards this application. *Please have the owner(s) listed above sign the application.

1. _____

2. _____

Date **Signature** **Title**

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