



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 new client application. Upon receiving the 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. Additionally, if there is any bankruptcy activity be sure to initial right below the owner information section.

The whole application process usually takes 5 – 10 business days. The faster 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 their 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 to 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 Client Application

GENERAL BUSINESS INFORMATION

Business Name: _____

D/B/A Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Website: _____

Email address: _____ County: _____

Corporation: _____ Print clearly Partnership: _____ Other: _____

State of Incorporation: _____ Year Started: _____

Other Business Address: _____

Product or Type of Business: _____

Federal Tax I.D. number: _____

Have you factored before? If so, please give name and phone number of factor:

Has the company or any of its officers owners ever declared bankruptcy before?

_____ Yes _____ No please initial

If yes, please provide all relevant documentation

BUSINESS CREDIT REFERENCES

Name	Phone Number
1. _____	_____
2. _____	_____

BANK AND SECURITY INFORMATION

Bank Name: _____ Officer: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone: _____
Account Number: _____

Check all items for which your bank has a security interest:
Accounts Receivable ___ Equipment ___ Inventory ___ Fixtures ___

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

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

Are any of your taxes past due? Yes _____ No _____
If yes, which type: Federal _____ State _____ Local _____
Amount _____

SALES INFORMATION

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

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

- 1. _____
- 2. _____
- 3. _____
- 4. _____

COMPANY OFFICERS

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* _____

If yes, please explain: _____

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* _____

If yes, please explain: _____

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

1. **Current company financial statement**
2. **Articles of Incorporation or Other; D/B/A Filing**
3. **Current Accounts Receivable Aging**
4. **Proof of Federal Tax ID # (such as a tax coupon)**
5. **Photo Copy of driver's license(s) for Company's principal(s)**
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.

Date	Signature	Title
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Date	Signature	Title
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