

Working Capital That Keeps You Working.

Thank you for considering Continuous Cash Flow, LLC.

Our company provides accounts receivable factoring for start-ups and companies in a growth stage. In order to qualify, your business has to generate invoices for products or services that have been completed and accepted by your commercial or governmental customers.

# **INSTRUCTIONS**

Our Factoring Application can be filled in directly on your computer and saved for your convenience. Include the additional documents that are required on the signature page. We will be unable to provide any financial accommodations until all the requested information is received. In the case of a start-up company some of the financials might be unavailable. That's okay; we will work with you and ask for other information to satisfy the requirements.

# **INITIAL PHASE**

Upon receiving the completed application, we can begin our preliminary due diligence and within three (3) business days we will submit to you our proposal letter<sup>\*</sup>. The proposal will outline the terms and conditions of our factoring relationship, and also the factoring rates and other expenses. The whole factoring process usually takes five (5) to ten (10) business days after we receive the signed proposal letter. Once we receive the proposal along with the appropriate deposit, we will produce contracts based on these terms and send them to you. After the contracts are signed we will be ready to provide funding. The best part about our program: after this initial phase you will receive funds for submitted accounts within 48 hours of verification!

At this point we will not contact any of your customers. We will perform preliminary due diligence by analyzing the information provided.

# NO UP-FRONT APPLICATION FEE<sup>+</sup>

Mail the application and supporting documents to the address above. Should you have any questions or concerns please call (201) 694-8883. We look forward to helping you reach your goals.

> Continuous Cash Flow, LLC Working Capital That Keeps You Working.

The proposal letter will include the costs associated with the actual expenses incurred in connection with such review and approval process and will become due along with the signed proposal letter.

If your company is not eligible for factoring or you decide for any reason at anytime you do not wish to proceed with factoring you will be billed separately for actual expenses incurred in connection with such review and approval process.

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# ACCOUNTS RECEIVABLE FACTORING APPLICATION

······			_ Federal I.D.	#	
Address:	City:		State:	Zip (	Code:
Contact:	Position	:			
Phone Number:	Fax Number:				
Email:		Website:			
2. Address of Chief Executive Of	ffice if different from above:				
Address:	City:		State:	Zip (	Code:
Length of time at above address:	Does Company own or l	ease any rea	l property?	Own	Lease
If leasing provide Landlord name	e and phone #:			_	
4. Check one: Proprietorship	Partnership Corporation	LLC	Other		
5. What year was the business est	tablished? What state wa	s the busines	s formed?		
6. List previous name(s)/trade na	mes of business:		Type of busine	ss:	
SHAREHOLDERS, OWNERS ANI	DPARINERS				
	O PAR I NERS ocial security card for each shareholder, own	ner and partne	r.)		
(Submit a copy of drivers license and s		-		S. #:	
(Submit a copy of drivers license and s 1. Full Legal Name:	ocial security card for each shareholder, ow	_ DOB:	S.		
(Submit a copy of drivers license and s 1. Full Legal Name: Home Address:	ocial security card for each shareholder, ow	_DOB:	S.		
(Submit a copy of drivers license and s 1. Full Legal Name: Home Address: Phone Number:	ocial security card for each shareholder, ow	_ DOB:	S.		
(Submit a copy of drivers license and s         1. Full Legal Name:         Home Address:         Phone Number:         U.S. Citizen       Yes         No;	ocial security card for each shareholder, ownCity: Percent of business owners!	_ DOB:	S.	e:	_Zip Code: _
(Submit a copy of drivers license and s         1. Full Legal Name:         Home Address:         Phone Number:         U.S. Citizen         Yes       No;         2. Full Legal Name:	ocial security card for each shareholder, ow City: Percent of business ownersh If No, A #:	_ DOB:	S.	e: S. #:	_ Zip Code: _
(Submit a copy of drivers license and s         1. Full Legal Name:         Home Address:         Phone Number:         U.S. Citizen         Yes       No;         2. Full Legal Name:         Home Address:	ocial security card for each shareholder, own City: Percent of business ownersh If No, A #:	_ DOB:	S.	e: S. #:	_ Zip Code: _
(Submit a copy of drivers license and s         1. Full Legal Name:         Home Address:         Phone Number:         U.S. Citizen         Yes         No;         2. Full Legal Name:         Home Address:         Phone Number:         Phone Number:         Phone Number:	ocial security card for each shareholder, ow City: Percent of business ownersh If No, A #:City:	_ DOB: hip: _ DOB: hip:	S.	e: S. #:	_ Zip Code: _
(Submit a copy of drivers license and s         1. Full Legal Name:         Home Address:         Phone Number:         U.S. Citizen         Yes         No;         2. Full Legal Name:         Home Address:         Phone Number:         Phone Number:         Phone Number:	ocial security card for each shareholder, ownCity: Percent of business ownersh If No, A #:City: Percent of business ownersh If No, A #:	_ DOB: hip: _ DOB: hip:	S.	e: S. #:	_ Zip Code: _
(Submit a copy of drivers license and s         1. Full Legal Name:         Home Address:         Phone Number:         U.S. Citizen         Yes         No;         2. Full Legal Name:         Home Address:         Phone Number:         U.S. Citizen         Yes         No;         U.S. Citizen         Yes         None Number:         U.S. Citizen         Yes         No;	ocial security card for each shareholder, ownCity: Percent of business ownersh If No, A #:City: Percent of business ownersh If No, A #:	_ DOB: hip: _ DOB: hip:	S.	e: S. #:	_ Zip Code: _
(Submit a copy of drivers license and s         1. Full Legal Name:         Home Address:         Phone Number:         U.S. Citizen         Yes         No;         2. Full Legal Name:         Home Address:         Phone Number:         U.S. Citizen         Yes         No;         U.S. Citizen         Yes         No;         (Attach if there are additional shareho	ocial security card for each shareholder, ownCity: Percent of business ownersh If No, A #:City: Percent of business ownersh If No, A #:	_ DOB:	S.	e: S. #: e:	_ Zip Code: _

# INSURANCE

1. Insurance Agent's Name:	Phone Number:				
Address:	City:		State: _	Zip Cod	e:
2. Coverage: Inventory \$	Equipment	\$	Building \$_		
Liability \$	Other:	\$			
Financial					
(List general business account only.)	1				
1. Business Account #1:		Account Hold	lers Name:		
Bank:	Phor	ne Number:			
Branch Address:	City:	·		_ State:	Zip Code:
2. Business Account #2:		Account Hold	lers Name:		
Bank:	Phor	ne Number:			
Branch Address:	City:			_ State:	Zip Code:
3. Have you previously finance	ed/factored your accounts rec	ceivable? Yes	No		
If Yes, Name of previous finan	ce company:			_Date:	
Contact Name:		Phone Numb	er:		
4. Do you have any outstanding	g loans? Yes No;	If Yes, Name of I	Institution:		
Present Balance	Security:			Account #:	
(Attach additional loans and securit	y interests.)				
TAXES					
1. Are the federal, state, and pa	yroll/employment taxes curr	rent? Yes N	o		
If No, please list amount(s) ow	ed and what for: Balance O	wed \$		for	
2. State Tax ID #:	Number	of Employees:	Average w	eekly Payroll:	
GENERAL					
1. Has the business/partners/of	ficers/owners previously bee	en involved in any typ	e of litigation,	lawsuit or bank	cruptcy in the past seven
(7) years? Yes No	If Yes, please describe:		-		
2. Has the applicant or any of i					
3. Any judgments or liens place	ed on the business or its asse	ets? Yes No	; If Yes, exp	olain:	
4. Company's Attorney:	F	irm:		_Phone #:	
5. Company's Accountant:					
6. List all previous businesses					
7. Do you buy from, sell to or u					
Yes No; If Yes, pl	lease describe:				

#### ATTACHMENTS

Please attach all of the following:

- Customer list for last 12 months with contact name, full address and phone number.
- Deast two (2) years to current; Aging of Accounts Receivable and Accounts Payable
- □ Past two (2) years to current; Balance Sheet and P/L Statement
- □ Past four (4) quarters of 941 Employment Tax Filings and proof of payment
- □ Sample invoice and customer contract
- □ Submit a copy of drivers license and Social Security Card for each owner, partner and/or shareholder.

ALSO, include the following documents that apply:

- □ Certificate of Incorporation and Bylaws
- **D** Certificate of Formation and Operating Agreement
- **Certificate of Limited Partnership and Limited Partnership Agreement**
- General Partnership Agreement
- □ Fictitious name/ "Trading As" name statement

If registered in any state other than New Jersey:

□ Include a copy of the Certification of Authority to do business in New Jersey.

All the statements in this application are true and accurate and I/we understand that Continuous Cash Flow, LLC will rely upon the information provided to establish my/our eligibility and all information contained in this application will be kept strictly confidential. I/we expressly authorize consumer reporting agencies and other persons to furnish credit information to Continuous Cash Flow, LLC on all individuals and businesses whose names appear on the application. Continuous Cash Flow, LLC may obtain information about my/our character, general reputation, personal characteristics, mode of living and conduct criminal background checks. I/we agree Continuous Cash Flow, LLC may receive and exchange credit information and update such information as appropriate during the term of the factoring relationship and authorize Continuous Cash Flow, LLC to file a UCC-1 financing statement while the application is being processed. I/We agree to reimburse Continuous Cash Flow, LLC for actual expenses incurred in connection with such review and approval process of this application whether or not I/we enter into a factoring arrangement.

All shareholders, owners and partners must sign below.

1. Sign:	I am the person answering these questions.		
Print Name:	Title:	Date:	
2. Sign:			
Print Name:	Title:	Date:	
3. Sign:			
Print Name:	Title:	Date:	
4. Sign:			
Print Name:	Title:	Date:	
5. Sign:			
Print Name:	Title:	Date:	
Mail complete application to: Continuo	us Cash Flow, LLC		

P.O Box 265 • Lyndhurst, NJ 07071