

Brookridge Funding Services, LLC

26 Mill Plain Road, Danbury, CT 06811

Tel 203-790-7301

- <http://www.brookridgefunding.com> -

Fax 203-790-7326

Application Form

1. Legal Name: _____
2. Trade Name: _____ E-mail: _____
3. Street Address: _____
4. City: _____ County: _____ ST: _____ Zip: _____
5. Phone: (____) _____ Fax: (____) _____ Fed. Taxpayer ID Number: _____ - _____
6. President or Sr. Partner Name: _____ US citizen? ____ % Owned _____
Home Address: _____ City, ST, Zip _____
Home Ph #: (____) _____ Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____
7. Secretary or Other Partner Name: _____ % Owned: _____
Home Address: _____ City, ST, Zip _____
Home Ph #: (____) _____ Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____
8. Other Officer, Shareholder, or Partner Name: _____ % Owned: _____
Home Address: _____ City, ST, Zip _____
Home Ph #: (____) _____ Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____
9. Accountant's Name: _____ Firm: _____ Phone(____) _____
Street Address: _____ City, ST, Zip _____
10. Attorney's Name: _____ Firm: _____ Phone(____) _____
Street Address: _____ City, ST, Zip _____
11. Name of Bank: _____ Officer: _____ Phone(____) _____
Account # _____ Address _____ City, ST, Zip _____
12. Do you have any Federal or State Taxes past due? Yes ____ No ____
If yes, has lien been filed? Yes ____ No ____ If yes, please list type & amounts _____

13. If leasing space, Name and Phone # of Landlord: _____
14. What is the purpose of the funds to be generated from factoring? _____

15. Have you factored before? Yes ____ No ____ If yes with what company _____

Have you ever applied for factoring or PO funding with any other company? _____
If yes with what company(s) _____ Does company have bank loan? _____

16. Are receivables/inventory/equipment pledged as collateral? Yes___ No___
If yes, to which lender? Name_____ Contact_____ Phone (_) _____
17. Any litigation pending against the client or owner/officer? Yes___ No___
Any judgements outstanding?(attach a copy) Yes___ No___
Any Federal or State Tax Liens?(attach a copy) Yes___ No___
Has any owner/officer ever been convicted of a felony? Yes___ No___
Has any owner/officer ever been involved in a bankruptcy? Yes___ No___

If a yes answer to any of the above questions please explain fully in the space provided below or attach page:

18. Please attach the following to this application form:
- Copies of Articles of Incorporation and By Laws
 - Copy of Fictitious Name Filing (if applicable)
 - Copy of Partnership Agreement (if applicable)
 - Latest financial statements & tax return
 - Schedule of aged accounts receivable
 - Copy of 941 withholding tax filings & proof of payment (last 2 quarters)
 - Photocopy of principal's drivers license

I/we fully understand that the submission of an application for the purchase of accounts receivable or purchase orders by Brookridge Funding Services, LLC., (hereinafter "Factor") does not mean that Factor will factor or provide any services to Applicant whatsoever.

I/we fully understand that approval by Factor may come only after Factor approves the application and all accounts/invoices offered in accordance with the terms of the Accounts Receivable Purchase Agreement.

The statements made herein and all information in all documents provided herewith are true and correct and the Applicant understands that the Factor intends to rely thereon in determining whether to enter into a factoring relationship.

Applicant hereby authorizes its suppliers, customers, accountants, attorneys, employees and credit agencies to provide Factor any information about Applicant and its affairs, finances and accounts as Factor or its employees may request. Further by signing below the principals of applicant authorize Factor to conduct complete personal background checks, including legal, criminal and credit matters. A copy of this authorization may be accepted as if it were an original.

Applicant: _____

By: _____
(Signature)

Print Name: _____

Title: _____

Date: _____