Brookridge Funding 26 Mill Plain Road, Danbury, CT 06811 - http://www.brookridgefunding.com -

Tel 203-790-7301

Fax 203-790-7326

Application Form

Legal Name:			
	E-mail:		
3. Street Address:			
•			ST: Zip:
5. Phone: ()	Fax: ()	Fed. Taxpayer ID Number:	
6. President or Sr. Partner Na	ame:	U	S citizen? % Owned
Home Address:		City, ST, Zip	0
Home Ph #: ()	Social Security #:	-	
7. Secretary or Other Partner	Name:	·	US citizen? % Owned
Home Address:		City, ST, Zip_	
Home Ph #: ()	Social Security #:	-	
3. Other Officer, Shareholde	r, or Partner Name:		US citizen? % Owned
Home Address:		City, ST, Zip_	
Home Ph #: ()	Social Security #:	<u> </u>	Date of Birth://
. Accountant's Name:	Firm:		Phone()
Street Address:		City, ST, Zip_	
0. Attorney's Name:	Firm:		Phone()
Street Address:		City, ST, Zip	0
1. Name of Bank:	Officer:		Phone()
Account #	Address	City, ST, Z	Zip
	or State Taxes past due? Yes		
If yes, has lien been f	iled? Yes No If ye	s, please list type	e & amounts
5. Have you ever applied for	PO funding with any other com	npany?	

	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 ()
	Any litigation pending against the client or owner/officer? Any judgements outstanding?(attach a copy) Any Federal or State Tax Liens?(attach a copy) Has any owner/officer ever been convicted of a felony? Has any owner/officer ever been involved in a personal or business bankruptcy? Yes No Yes No Yes No 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 and accounts payable -Copy of 941 withholding tax filings & proof of payment -Photocopy of principal's drivers license -Professional Resume of Principal(s) -Personal Financial Statement of Principal Owners
	e fully understand that the submission of an application for purchase order funding by Brookridge Funding, reinafter "Brookridge") does not mean that Brookridge will provide any funding to Applicant whatsoever.
App	statements made herein and all information in all documents provided herewith are true and correct and the blicant understands that Brookridge intends to rely thereon in determining whether to enter into a funding tionship.
Broomay back	olicant hereby authorizes its suppliers, customers, acountants, attornies, employees and credit agencies to provide okridge any information about Applicant and its affairs, finances and accounts as Brookridge or its employees request. Further by signing below the principals of applicant authorize Brookridge to conduct complete personal kground checks, including legal and criminal matters. A copy of this authorization may be accepted as if it were an ginal.
	Applicant:
	By:
	(Signature) Print Name:
	Title:
	Date: