



GENERAL INFORMATION

Exact Legal Name of Company:			Incorporation Date		
Type of Business: (circle one)					
Manufacturer	Wholesaler	Distributor	Service	Other: Transportation	
Company Type: (circle one)					
Sole Proprietorship			Partnership	LLC	Corporation
Business Street Address:			City:	State:	Zip:
Mailing Address (if different):			City:	State:	Zip:
Telephone#:	Fax:	Cell Phone#	Web Address:		Email Address:
Federal Tax ID #		Have you now or ever Factored A/R before?		Current Lender or Factor?	
List Majority Owners/Principals:					
Name(s) 1	Address:		% Owned	SSN#	
	City/ST/Zip:			Date of Birth	
				Title:	
2.	Address:		% Owned	SSN#	
	City/ST/Zip:			Date of Birth:	
				Title:	

ACCOUNTS RECEIVABLE INFORMATION

List 3 Largest Customers	High Credit Within the last 12 Months	Contact Name & Phone Number	Headquarters City/State
Number of Active Customers:			
Amount you expect to Factor on a monthly basis?			

Applicant understands that CD Consortium Corporation ("CD Consortium Corporation") and its Service Providers and/or franchisees rely upon the foregoing information in determining whether to enter into a factoring agreement and applicant authorizes CD Consortium Corporation Service Providers and/or franchisees to do so. Applicant also understands that the foregoing information may be incorporated by reference into an agreement between Applicant and CD Consortium Corporation and any failure of Applicant to disclose truly, completely and correctly the information requested may constitute a breach of any such agreement. Applicant understands further that CD Consortium Corporation has not, by requesting the completion of or accepting this application form, committed to make or implied an intention or commitment to enter into a factoring program with Applicant.

Applicant acknowledges that he or she has retained a copy of this application. "Applicant" hereby authorizes CD Consortium Corporation and/or its Service providers and/or franchisees (officers, employees or other representative thereof) to visit and inspect any properties of Applicant; to discuss Applicant and its affairs, finances, and accounts with, and be advised as to the same by Applicant's officers, employees, and independent public accountant; all to such reasonable extent as CD Consortium Corporation may desire, and all on the condition that CD Consortium Corporation seeks such information in good faith in connection with the within application.

Applicant hereby authorizes its suppliers, banks, customers, lenders, accountants, principals, officers, and attorneys to provide CD Consortium Corporation (and any officer, employee, service provider, franchisee or representative thereof) such information about Applicant and its affairs, finances, and accounts as CD Consortium Corporation may request. Applicant also authorizes each such person and firm to accept a copy of this Authorization as if it were an original.

Applicant: _____ Title: _____ Date: _____

Applicant: _____ Title: _____ Date: _____

The undersigned individual(s) who is/are either a principal(s) of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by CD Consortium Corporation and/or its service providers, and/or its franchisees from time to time as may be needed in the credit evaluation.

Applicant: _____ Title: _____ Date: _____

Applicant: _____ Title: _____ Date: _____