



WORKING CAPITAL APPLICATION

| | | | | |
|---|--------------------------|----------------------------------|------------------|-----------------|
| Business Full Legal Name | | Trade Name or Operating Name | | |
| Mailing Address | | City | Prov/State | Postal/Zip Code |
| Telephone () | Fax () | Contact Name / Title | Email | |
| Date Incorporated or Established | Yrs. Under Present Owner | HST or Federal ID Number | No. of Employees | |
| Structure: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other: _____ | | | | |
| Annual Sales: \$ | | Number of Active Accounts: _____ | | |
| Amount Requested: \$ | | Use of Funds: _____ | | |

Personal Information on Owners, Partners or Guarantors

| | | | | |
|---|-------|---------|------------------------|-------------------------------|
| Name | Title | % Owned | Phone () | Social Insurance / Security # |
| Home Address, City, Prov/State, Postal/Zip Code | | | Home Ownership or Rent | Date of Birth |
| Name | Title | % Owned | Phone () | Social Insurance / Security # |
| Home Address, City, Prov/State, Postal/Zip Code | | | Home Ownership or Rent | Date of Birth |
| Name | Title | % Owned | Phone () | Social Insurance / Security # |
| Home Address, City, Prov/State, Postal/Zip Code | | | Home Ownership or Rent | Date of Birth |

Other Owners/Officers or Directors:

Have any of the Owners/Officers or Directors ever been involved in personal or corporate bankruptcy?

Is the business in arrears for Source Deductions, HST/GST or any other taxes? If yes, amount?

Do any of the Owners/Officers have ownership in any other businesses? If YES, please provide details.

Business Bank/ Other Lender References

| | | | | |
|------------------------|------------|-----------------|--------------|------------|
| Bank Name | Officer | Account # | Phone () | Fax () |
| 1 | | | () | () |
| 2 | | | () | () |
| Line of Credit / Loan? | With whom? | Facility Limit? | Collateral: | |

Trade References

| | | | |
|-----------|---------|--------------|------------|
| Firm Name | Contact | Phone () | Fax () |
| 1 | | () | () |
| 2 | | () | () |
| 3 | | () | () |

Accounts Receivable Information

| | |
|--|----------------------------|
| Present amount of outstanding Receivables: \$ | Terms of Sale: |
| Average Monthly Sales: \$ | Number of Active Accounts: |
| Amount of invoices you wish to sell: \$ _____ initially, then \$ _____ per month | |
| Are your Receivables pledged as collateral? _____ If YES, to whom?: _____ | |
| Use of Funds to be generated?: _____ | |

I/We hereby apply for the credit described in this application on behalf of the applicant business. I/We certify that I/we made no misrepresentation in this application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the credit will not be used for any illegal purpose. Pivot Financial Inc. ("Pivot") is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency / credit bureau. Pivot may disclose to any other interested parties information as to Pivot's experience or transactions with my/our account. I/We understand that Pivot will retain this application and any other credit information Pivot receives, even if no credit is granted. These representations and authorizations extend not only to Pivot, but also to any insurer of the credit and to any investor to whom Pivot may sell all or part of the credit. I/We further authorize Pivot to provide any such insurer or investor any information and documentation that they may request with respect to my/our application or credit.

| Authorized Signature | Name (Please Print) | Title | Date |
|----------------------|---------------------|-------|------|
| X | | | |
| Authorized Signature | Name (Please Print) | Title | Date |
| X | | | |
| Authorized Signature | Name (Please Print) | Title | Date |
| X | | | |

Support Documentation Checklist

FOR ALL APPLICATIONS:

- Articles of Incorporation and trade name registration (if applicable)
- Brief write-up describing the purpose of this funding and what it will do for your business.
- Copy of latest Aged Accounts Receivable and Accounts Payable Listing.
- Copy of the latest accountant-prepared Financial Statements for the business.
- Internally prepared year-to-date Income Statement and Balance Sheet.
- Copy of a typical customer invoice and pertinent support documentation (eg. purchase order, proof of delivery/acceptance, etc.)
- Copies of your most recent Income Tax Assessment for the business, and proofs of current remittances of employee deductions at source, HST/GST and WSIB amounts due.

TRANSPORTATION COMPANIES SHOULD PROVIDE THE FOLLOWING DOCUMENTS:

- Commercial Vehicle Operators Registration
- Certificate of insurance (liability, collision, etc.)
- US DOT Registration (if applicable)
- FWHA / Interstate Operating Authority (if applicable)
- Copies of Registrations for all owned or leased power units and trailers (Cab Cards)