



XYNERGY COMMERCIAL CAPITAL LLC

Our process consists of three phases. First we will require you to complete this application and provide us with a basic set of documents listed below. Second, if your organization meets our initial underwriting qualifications, we will send you a Term Sheet with all the terms and conditions of a proposed transaction. It must be sent back signed, along with the second set of documents listed on the Term Sheet. Third, upon review of the remaining documents and our determination of a) the Net Collectible Value of your claims and b) the systems and controls established and used by your organization, your final eligibility will be determined.

Xynergy charges and application fee of \$350. This fee is waived if the application completed and the documents required in it, are returned to Xynergy within five (5) business days, otherwise, payment can be made by check or Credit Card.

COMMERCIAL ACCOUNTS RECEIVABLE FACTORING APPLICATION

BUSINESS INFORMATION

Legal Name of entity on Articles of Incorporation or Organization:

Trade Names (DBA's):

Federal Tax ID # _____ DUNS # _____

If more than one legal entity: Name _____ Tax ID _____

Name _____ Tax ID _____

Address _____

City _____ State _____ Zip _____ Website _____

Primary Contact _____ Email _____

Phone (_____) _____ - _____ Mobile (_____) _____ - _____ Fax (_____) _____ - _____

Company is a Corporation _____ Partnership _____ Sole Proprietorship _____ LLC _____ Other _____

Date Business Started ____/____/____ State of Incorporation / Organization _____

Has the name of the company changed within the last two years? ___NO ___YES (If "yes" please provide previous name) _____

Has ownership changed within the last two years? ___NO ___YES (If "yes" please provide details) _____

Describe Type of Business _____

How many employees do you have? _____ Do you have multiple offices? _____ NO _____ YES (If "yes" please provide locations) _____

LEGAL ENVIRONMENT

Has the Company or its Principal(s) ever been arrested or convicted of a felony? _____ No ___ Yes

Does the Company or its Principal(s) have any judgments or lawsuits filed against them? No Yes
 Has the Company or its Principal(s) ever filed for bankruptcy? No Yes
 Are there any Security Interest granted (UCC's Filed) against the Company or its Principal(s)? No Yes
 Do you have outstanding/unpaid Payroll, Federal or State Income Taxes Liabilities? No Yes
 Do you have any Installment Agreements for Payroll, Federal or State Income Taxes? No Yes
 If YES to any answer above, please provide details _____

OWNERSHIP DISCLOSURE

Officer Name/Title _____ Ownership _____%
 Home Address _____
 Home Phone (____) ____ - ____ Mobile Phone (____) ____ - ____ Social Security # _____
 Has this person ever owned or been part owner in another company? If so, please furnish the complete legal name, address, and any DBA's of that company: _____

Officer Name/Title _____ Ownership _____%
 Home Address _____
 Home Phone (____) ____ - ____ Mobile Phone (____) ____ - ____ Social Security # _____
 Has this person ever owned or been part owner in another company? If so, please furnish the complete legal name, address, and any DBA's of that company: _____

Officer Name/Title _____ Ownership _____%
 Home Address _____
 Home Phone (____) ____ - ____ Mobile Phone (____) ____ - ____ Social Security # _____
 Has this person ever owned or been part owner in another company? If so, please furnish the complete legal name, address, and any DBA's of that company: _____

If there are additional principals, provide details on a separate sheet of paper.

BANK ACCOUNT(S):

Bank Name _____ Address _____
 ABA _____ Account # _____

Bank Name _____ Address _____
 ABA _____ Account # _____

Bank Name _____ Address _____
 ABA _____ Account # _____

If more space is needed, please provide details on a separate sheet of paper

ACCOUNTS RECEIVABLE INFORMATION

What is your average monthly gross sales volume \$ _____ Average net collectible percent _____%

What are the typical terms and conditions of sale with your customers? (i.e. Net 30, Prepayments, Consignment, Progressive Billing, etc.) _____

Amount of open receivables (Total outstanding in GROSS Amount): \$ _____

Aging of receivables (GROSS Amount): 0-30 days: \$ _____

31-60 days: \$ _____

61-90 days: \$ _____

Over 90 days: \$ _____

How much of your average monthly billing do you intend to factor each month? \$ _____

Has the company or its principals currently or previously factored their receivables? _____ No _____ Yes, If YES, with whom? _____

Do you have any outstanding business/ practice loans? _____ No _____ Yes, *Balance owed* \$ _____

Name of Financial Institution: _____

Contact Information _____

Specific reason why you are applying for this accounts receivable finance facility _____

Has the applicant lost any major customer relationship in the last three years? Yes _____ No _____

If yes, please explain: _____

If applicable, does the applicant have contracts that include clauses allowing passing through increases in Cost of Goods Sold (COGS)? (i.e. raw materials, fuel, insurance, etc.) _____

LARGEST ACCOUNTS YOU EXPECT TO FACTOR

Company Name: _____

Monthly Sales to Account: \$ _____ Average Age of Receivables: _____

Desired factoring amount \$ _____ Website: _____

Contact Name: _____ Phone: (____) _____

Address: _____ How long have you worked with this customer? _____

Company Name: _____

Monthly Sales to Account: \$ _____ Average Age of Receivables: _____

Desired factoring amount \$ _____ Website: _____

Contact Name: _____ Phone: (____) _____

Address: _____ How long have you worked with this customer? _____

Company Name: _____

Monthly Sales to Account: \$ _____ Average Age of Receivables: _____

Desired factoring amount \$ _____ Website: _____

Contact Name: _____ Phone: (____) _____

Address: _____ How long have you worked with this customer? _____

BUSINESS REFERENCES

Name: _____ e-Mail address: _____
 Company Name: _____ How long have you been in business with them? _____
 Phone: (____) _____ Association with you: _____

Name: _____ e-Mail address: _____
 Company Name: _____ How long have you been in business with them? _____
 Phone: (____) _____ Association with you: _____

How did you hear about us? _____

The foregoing information is true and correct to the best of my knowledge and is given to XYNERGY COMMERCIAL CAPITAL LLC and its affiliates ("XCC") to induce XCC to consider entering into a factoring agreement with this company or provider.

I/we do hereby authorize Xynergy Capital Group LLC ("XCG") on behalf of XCC the right to verify and investigate any and all of the foregoing statements, including, but not limited to, my/our credit worthiness and financial responsibility, in any way it may choose. I/we grant XCG the right to procure any and all reports including but not limited to credit reports and background investigations pertaining to applicant and any party listed in this application, including but not limited to, all principals of the applicant company.

After review of your application, XCC will determine which of its affiliates will be best suited to meet your financing needs, and by signing below, you consent to XCC sharing this application and the supplied information with its affiliates. By signing below, you consent to XCC or one or more of its affiliates filing a UCC-1 financing statement against the undersigned describing the collateral secured as "All assets of the Debtor, now existing and hereafter arising, wherever located", or other "all asset" collateral description.

Agreed and Consented to by:

Signature _____ Title _____
 Print Name _____ Date _____

SUPPORTING DOCUMENTATION REQUIRED

- | | |
|---|---|
| <ul style="list-style-type: none"> ✓ Articles of Incorporation/Organization ✓ Copy of DBA Filing(s) if applicable ✓ Driver's License from Owners/Managers/Principals ✓ Current Accounts Receivable Aging (<i>Summarized by Debtor</i>) ✓ Complete Customer List ✓ Current Accounts Payable Aging Report aged by Invoice Date ✓ End of the year Accounts Receivable and Accounts Payable Aging Reports (last 2 years) ✓ Year-to-date Financial Statements (both Income Statements and Balance Sheets) ✓ Last two (2) years Financial Statements ✓ Last three (3) years of Income Tax Returns | <ul style="list-style-type: none"> ✓ Last six (6) months of bank account statements evidencing payments of previous invoices ✓ Sample of common transaction documents (i.e. Purchase Orders, Invoices, Proof of Delivery to Customer, Contracts, etc.) ✓ FOR FEDERAL GOVERNMENT CONTRACTORS: <ul style="list-style-type: none"> ○ Copy of printed CCR Registration information |
|---|---|

Please send your completed documentation to:

Xynergy Commercial Capital LLC
 Fax: (954) 252-3861
 Email: info@xynergycapital.com
 Regular mail: 1451 W Cypress Creek Rd., Ste. 201, Fort Lauderdale, FL 33309