



**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.

**COMMERCIAL ACCOUNTS RECEIVABLE FACTORING APPLICATION**

**BUSINESS INFORMATION**

Legal Name of entity on Articles

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 \_\_\_\_\_ Social Security # \_\_\_\_\_ Ownership \_\_\_\_%  
Home Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_  
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 \_\_\_\_\_ Social Security # \_\_\_\_\_ Ownership \_\_\_\_%  
Home Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_  
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 # \_\_\_\_\_  
*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? \_\_\_\_\_

**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, XCG will determine which of its affiliates will be best suited to meet your financing needs, and by signing below, you consent to XCG sharing this application and the supplied information with its affiliates. By signing below, you consent to XCG 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**

**Initial Document Request:**

- ✓ Articles of Incorporation/Organization
- ✓ Copy of DBA Filing(s) if applicable
- ✓ Driver's License from all Owners/Managers/Principals
- ✓ Current Accounts Receivable Aging Report aged by Invoice Date

**For Federal Government Contractors:**

- ✓ Copy of printed CCR Registration information

**Please Send Your Completed Documentation To:**

Xynergy Commercial Capital LLC

Fax: (954) 252-3861

[info@xynergycapital.com](mailto:info@xynergycapital.com)

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