

CPI's Funding Process

CPI has only one committee level, so applications are handled quickly and efficiently, often in as little as 48 hours.

1 *Step 1 allows CPI to assemble the items below and conduct an initial phone interview with the applicant in order to prepare a proposal of terms specific to the needs and goals of the applicant business.*

- Completed Funding Application
- Current Accounts Receivable Aging
- Articles of Incorporation
- Most recent financial statement
- Sample copy of contract or purchase order

2 *Upon acceptance of the proposed factoring program, the applicant business will be required to submit the following:*

- Fully executed copy of CPI proposal of terms
- Due diligence fee of \$395
- Copy of invoices for initial funding
- Other financial information as requested by CPI

3 *Upon completion of step 2, the following will conclude the process:*

- Balance of financial information is compiled and analyzed
- Closing documents are prepared and executed
- Credit lien, judgement searches are conducted and UCC filing completed
- Invoices are verified and Notice of Assignment completed
- Transaction documents are executed
- Funds are distributed

CPI Funding Application

Company Information:

Company Name:			D/b/a:		
Address:					
City:		State:		Zip:	County:
Phone:		Fax:	Email:		Web Site:
Type of Company:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual	<input type="checkbox"/> LLC	
State of Incorporation:		Date Established:		Years in business:	
Federal Tax I.D. #		D.U.N.S. #:		Soc. Sec. #:	

Type of Business, include product and services:					
Number of Employees:			Payroll Company:		
Have you factored before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what source?		
Regular Financial Statements Prepared?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how often?	Most recent:	
How did you find us?					

Accounts Receivable Information:

Total Accounts Receivable Open:	\$	0-30 Days:	\$	31-60 Days:	\$	61-90 Days:	\$	90+ Days:	\$
Avg. Invoice Value:	\$	Terms of Sale:	Avg. # of Monthly Invoices:		Approximate # of Clients:				
Avg Days A/R Turnover:		Avg. Monthly Sales:			High Credit for Individual Account \$:				
Customer Types:		<input type="checkbox"/> U.S. Government _____%		<input type="checkbox"/> State & Local Gov't _____%		<input type="checkbox"/> International _____%			
		<input type="checkbox"/> Commercial _____%							
Are accounts receivable currently pledged as collateral?			<input type="checkbox"/> Yes		<input type="checkbox"/> No (if yes, please fill out below)				

To Whom:
Street Address:
City/State/Zip:
Relationship Officer:
Telephone:

Principals & Stockholders:

Name:			Title:		
Social Security Number:			Date of Birth:		
Residential Street Address:					
City/State/Zip					
Owner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, percent of ownership ____%	Drivers License #: State:	

Name:			Title:		
Social Security Number:			Date of Birth:		
Residential Street Address:					
City/State/Zip					
Owner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, percent of ownership ____%	Drivers License #: State:	

Name:			Title:		
Social Security Number:			Date of Birth:		
Residential Street Address:					
City/State/Zip					
Owner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, percent of ownership ____%	Drivers License #: State:	

Name:			Title:		
Social Security Number:			Date of Birth:		
Residential Street Address:					
City/State/Zip					
Owner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, percent of ownership ____%	Drivers License #: State:	

Bank Information:

Name:		Telephone:
Address:		
City/State/Zip:		
Account Number:	Contact:	

Accountant:

Name:		Telephone:
Address:		
City/State/Zip:		Contact:

Tax, Liens, & Judgements:

Fed. Tax I.D. #:		State Tax I.D. #:	Local Tax I.D. #:
Are any taxes past due?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (if yes, please fill out below)	
Federal \$:	Agent Name:	Telephone:	
State \$:	Agent Name:	Telephone:	
Local \$:	Agent Name:	Telephone:	
Are there any liens or judgements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (if yes, please provide details separately)	

Signatures:

All statements are true and accurate to the best of my information and belief. By executing this Application, I hereby authorize Capital Plus Partners. (CPI), at CPI's discretion, to verify the information provided in the Application. I hereby authorize CPI to file a lien and a first priority security interest as defined in the Factoring Agreement to be released if said agreement is not executed. CPI may obtain credit reports, civil and criminal records, business information reports, and other information CPI may rely on and to utilize any means necessary to approve and provide financing to the above named business. CPI may release any information contained herein or any results from any investigation of the information contained herein to any third party that may become part of any financing transaction between above named business and CPI or to whom CPI may refer to for funding. I hereby fully release and discharge CPI or other authorized representative(s) of CPI, their respective affiliates, employees, agents, attorneys and any individual organization, entity, agency or other source providing information to CPI from all claims and damages arising out of or relating to any investigations of my background.

I acknowledge that an electronic mail copy, photographic copy, and facsimile shall be valid as the original.

Printed Name: _____ Signature: _____

Title _____ Date: _____