

CAFI Texas, Inc.

6044 Gateway East, Suite 544, El Paso, Texas 79905
(915) 772-6333/Fax (915) 881-0396

Application To Enter Into A Security Agreement With Capital Active Funding, Inc. ("CAFI Texas, Inc.")

Client Profile

Legal Business Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Telephone Number(s): () _____ Fax Number: () _____

E-Mail Address: _____ Mobile Phone: () _____

Legal Name, Title, Social Security Number, and Date of Birth of Principal(s) or Officer(s)

1. _____ Title: _____ Ownership%: _____

Social Security Number: _____ DOB: _____ Mobile Ph.: () _____

Hm. Address: _____ City: _____ State: _____ Zip: _____

2. _____ Title: _____ Ownership%: _____

Social Security Number: _____ DOB: _____ Hm. Ph.: () _____

Hm. Address: _____ City: _____ State: _____ Zip: _____

3. _____ Title: _____ Ownership%: _____

Social Security Number: _____ DOB: _____ Hm. Ph.: () _____

Hm. Address: _____ City: _____ State: _____ Zip: _____

(Please attach a separate page if more than two Principals or Officers)

Information On Your Company

Federal Tax I.D. Number: _____ Incorporated in the State of: (if applicable) _____

Years in Business: _____ Number of Employees: _____ Date Business Started: _____

List all certifications your business is registered as; example: dba, sdvo or sba _____

Form of Business: Sole-Proprietorship ()
Partnership ()
Corporation ()
Limited Liability Company ()
Other () _____

Type of Business: Commercial Construction () Specialty: _____
Manufacturing ()
Service Company ()
Other () _____

Are your taxes current? _____ If no, please explain _____

Anticipated Monthly Funding Volume: \$ _____ Has your Company Factored Before? _____

If so, With Whom and How Recent? _____

Bank Reference

Name of Bank: _____ Banker's Name: _____
Address: _____ Telephone Ph. :() _____
Checking Account Number(s): _____ Bank Loan/SBA Loan/Line of Credit? Yes ___ No ___
If Yes, Are Accounts Receivable Pledged as Collateral? _____

Trade (Suppliers) & Personal Reference(s)

1. Vendor: _____ Contact: _____ Bus. Ph.: () _____
2. Vendor: _____ Contact: _____ Bus. Ph.: () _____
3. Personal Reference Name: _____ Ph. Number: () _____

I/We herein make an application to Capital Active Funding, Inc. ("CAFI Texas, Inc.") for credit.

I/We ("I") certify that this application and any subsequent information I provide to Capital Active Funding, Inc. ("CAFI Texas, Inc.") is true and correct. I authorize CAFI Texas, Inc. to investigate the information provided in this application and to obtain consumer and/or business reports on the above named applicant(s). I have been told and understand that the submission of an application to CAFI Texas, Inc. does not mean that CAFI Texas, Inc. will provide any factoring or financial services whatsoever.

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Credit Card Customers (Credit Card MUST be under Owner or Business Name)

_____ (initial) I hereby authorize CAFI Texas, Inc. to perform a one-time charge on my account for the amount of \$250 to process my application.

Type of Card:    

Card Number: _____

Billing Zip Code: _____ Expiration Date: _____ Security Code: _____
(3 Digit CVV Code on back - 4 Digit on front of AMEX)

Card Holder Name: _____

Signature of Card Holder: _____ Date: _____

_____ (initial) Being the authorized cardholder or the Corporate Officer, by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card for the application process.

Application Checklist

- Complete Application
- Application Fee
- Lien Search Fee thru Secretary of State/Business & Personal Credit Bureau (\$250.00 Paid with Application)**
- Application fee is non refundable.**
- Picture Identification (Texas Driver's License)
- Articles & Certificate of Incorporation or Assumed Name Certificate.

Referred by: _____