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:			_ Count	County:			
Telephone Number(s): ()	Fax l	Fax Number: ()				
E-Mail Address:		Mo	Mobile Phone: ()				
Lega	I Name, Title, Social Security	Number, and Da	e of Birth of Princi	pal(s) or (Officer(s)		
1	Title:				Ownership%:		
Social Security Number:		DOB:	Mob	le Ph.: ()		
Hm. Address:		City:		State:	Zip:		
2	Titl	e:			Ownership%:		
Social Security Number:		DOB:	Hm. Ph.: ()			
Hm. Address:		City:		State:	Zip:		
3	Titl	e:			Ownership%:		
Hm. Address:		City:		State:	Zip:		
	(Please attach a separate	•					
		ation On Your C		omoord)			
Federal Tax I.D. Number:	Incorporated in the State of: (if applicable)						
Years in Business:	Number of Employees: Date Business Started:						
List all certifications you	ır business is registered as;	example: dbe, so	lvo or sba				
Form of Business:	Sole-Proprietorship (Partnership (Corporation (Limited Liability Company (Other ()))) 					
Type of Business:	Commercial Construction (Manufacturing (Service Company (Other ()					
Are your taxes current? _	If no, please explain_						
Anticipated Monthly Fundi	ing Volume: \$	Has your	Company Factored	Before? _			
If so, With Whom and Hov	v Recent?						

		Bank Reference				
Name of Bank:	Banker's Name: Telephone Ph. :()					
Address:						
Checking Account Num	nber(s):	_ Bank Loan/SBA Lo	an/Line of Credit? Yes	_ No		
f Yes, Are Accounts Re	eceivable Pledged as Collateral?					
	Trade (Suppl	iers) & Personal Re	eference(s)			
1. Vendor:		Contact:	Bus. Ph.:	()		
2. Vendor:		Contact:	Bus. Ph.:	()		
3. Personal Reference	Name:		Ph. Number: ()		
/We herein make an a	pplication to Capital Active Funding	, Inc. (" CAFI Texas,	Inc.") for credit.			
rue and correct. I authousiness reports on th	is application and any subsequent orize <i>CAFI</i> Texas, Inc. to investigate above named applicant(s). I have ean that <i>CAFI</i> Texas, Inc. will provide	te the information prove been told and un	ovided in this application and derstand that the submissio	d to obtain consumer and/on of an application to CA		
Signature:		Title: _		Date:		
Signature:		Title: _		Date:		
Signature:		Title: _		Date:		
	Credit Card Customers (Credit	Card MUST be und	der Owner or Business Nar			
(initial) I harab				 -		
application.	y authorize <i>CAFI</i> Texas, Inc. to perf	omi a one-time chai	ge on my account for the an	lount of \$250 to process in		
Type of Card:	□ VISA	MasterCard	AMERICAN DORRESS	DISC VER NETWORK		
Card Number:						
illing Zip Code: Expiration Date:		ate:	Security Code:			
Card Holder Name:			, ,	on back - 4 Digit on front of AMEX)		
-						
Signature of Card Holder:			Date:			
	the authorized cardholder or the Co agree to pay, and specifically author					
	<u>A</u>	pplication Checklis	<u>t</u>			
Application for Picture Identifica	Fee thru Secretary of State/Busing is non refundable. tion (Texas Driver's License) cate of Incorporation or Assumed Na		edit Bureau <mark>(\$250.00 Paid v</mark>	vith Application)		
·	uction: (Please provide the follow		a funding is requested at tl	ne time of application)		
	and Invoice(s)/or Payment Reques	_	,			
■ List of Material S	uppliers (if applicable) nentation (if applicable)		Referred by:			
	· · · · / · · · · · · · · · · · · /		 , -			