

TRINITY VENTURE CAPITAL

DBA: TRINITY LAND & LIVESTOCK LLC.

Application

General Information:

Legal Name of Business: _____

Trade Name: _____

Federal ID #: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ Other #: _____

Date Established: _____

Company Structure:

- Corporation Year: _____ State: _____
- Partnership
- Proprietorship
- Other (Explain): _____

Has there been a change of owners in the past year?

Yes No

If yes, explain: _____

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Has the Company ever changed its name?

Yes No

If yes, explain: _____

Brief description of the business or primary product: _____

Name of Primary Bank: _____

Account Officer: _____ Phone: _____

Account #'s: _____

Individual Information #1

All Officers, Directors, Partners, and Principals please complete the following information:

Full Name: _____

First: _____ Middle: _____ Last: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ Other #: _____

Social Security #: _____

Drivers License #: _____ State: _____ Expiration Date: _____

Date of Birth: _____ Percentage Ownership: _____

Title: _____ Email Address: _____

10082 E. EIGHT MILE RD. STOCKTON, CA. 95212

209/608-7442 FAX 209/339-4077

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Individual Information Cont.

All Officers, Directors, Partners, and Principals please complete the following information:

Full Name: _____

First: _____ Middle: _____ Last: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ Other #: _____

Social Security #: _____

Drivers License #: _____ State: _____ Expiration Date: _____

Date of Birth: _____

Percentage Ownership: _____

Title: _____

Email Address: _____

Accounts Receivable Information

Describe in detail your billing process from invoice to collection: _____

Total Receivables: _____

Current \$: _____ 1 – 30 past due\$: _____ 31-60 past due\$ _____ 61+ past due \$ _____

Average number of invoices per month: _____

Average invoice amount: _____

Total billings during past 30 days: _____

Previous 12 months: _____

Annual bad debit write off: _____

Do you deliver from purchase orders? _____

Do you have progressive billings? _____

Do you have contra accounts? _____

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Do you have sales affiliates? _____

Do you have consignment sales? _____

Do you have sales tax? _____

Do you have guaranteed sales? _____

Do you send out monthly billing statements? _____

Do you have bill now but hold in inventory? _____

Do you have contracts with your customers? _____

Do you have statement billing? _____

Do you have billings prior to completion? _____

Do you have government sales? _____

If you answered yes to any of the above questions, please explain. _____

Historical Information

Has the company ever sold, factored, or pledged its receivables? _____

If yes, please provide the following: balance owed \$ _____

Name and address of lender: _____

Are the company's receivables & inventory currently being sold, factored or pledged? _____

Has any officer, owner or director been associated with a company that has previously factored its receivables? _____

If yes, name and address of lender: _____

Is this company now, or has it ever been, in bankruptcy? _____

Are any federal and/or state taxes past due? _____

If yes, balance owed \$ _____

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Final Application Step

The information supplied in this application for factoring submitted to Trinity Venture Capital is true and correct to the best of my knowledge. By signing this form, I/we hereby authorize Trinity Venture Capital to investigate my/our credit worthiness and financial responsibility. I/we grant Trinity Venture Capital the right to procure any and all credit reports pertaining to any party to this application for factoring.

Print Name

Signature

Date

Title