



Congratulations and thank you for choosing FK CONSTRUCTION FUNDING. This division of our firm provides cash management and funds control financing on both public and private projects and we operate in most sectors of the commercial construction industry. We accept clients of all sizes, however our typical client has annual revenues of between \$1 million and \$30 million. In order to qualify, your company must be actively engaged on a current or upcoming project with a large credit worthy general contractor or owner.

The following pages include our new client application. Please feel free to complete this Adobe Acrobat® form either electronically or by hand. Upon receiving the completed application, we will begin the due diligence portion of the approval process. In most cases we will be able to circulate a proposal within 1 to 3 business days. The proposal will outline some of the terms & conditions, including rates for financing.

On page seven there is a list of additional documents we will need before we can actually begin funding a project. Please supply us with as many items on the list as you can with your completed application, often it will be enough for us to begin our due diligence process.

We understand that in certain cases some of the financial reports may not be readily available, just let us know when we can expect them so we can determine how to best proceed. The application usually takes between 5-7 business days for us to process. The faster we get the proper documentation from you, the sooner we can begin funding.

At this point in the process we will ***not*** be contacting any of your customers. Please be assured that we understand the importance of those relationships and will only contact them after you make an introduction at the appropriate time. We will be checking their credit using public record information from sources such as Experian®, Dun & Bradstreet® and others but again, this will have no residual effect on your company or your customers.

Once we receive the signed proposal we will produce all of the necessary documents including your Factoring and Security Agreement, which is based on the terms and conditions outlined in the proposal. We will email this package to you and after we receive the signed documents back from you we will be ready to begin funding.

Any questions or concerns please call 800-918-7830. We look forward to working with you and providing you with project financing in the very near term.



Client Application

GENERAL INFORMATION:

Legal Business Name: _____

DBA, Fictitious and/or Assumed Names: _____

Business Street Address:	Suite:
--------------------------	--------

City:	State:	Zip:
-------	--------	------

Mailing Address (if different):	Suite:
---------------------------------	--------

City:	State:	Zip:
-------	--------	------

Business Phone Number(s):	Fax Number:
---------------------------	-------------

Federal Tax ID:	Date Company Established:	State of Formation:
-----------------	---------------------------	---------------------

Web Address:	Your Email Address:
--------------	---------------------

Your Name:	Title:
------------	--------

Proprietorship Partnership LLC C-Corp S-Corp Other State of Formation _____

Name of Primary Bank:	Bank Contact (if any):
-----------------------	------------------------

Bank Telephone:	Bank Account Number(s):
-----------------	-------------------------

Name of Attorney:	Attorney Telephone:
-------------------	---------------------

Name of Accountant:	Accountant Telephone:
---------------------	-----------------------

Name of Insurance Agent:	Insurance Agent Telephone:
--------------------------	----------------------------

Contractor License:	Exp. Date:
---------------------	------------

Valid In:	Issued By:
-----------	------------

Do you typically act as a: General Contractor 1st Tier Sub. 2nd Tier Sub. Other _____

What type of services does your company provide?



Client Application

HISTORICAL INFORMATION:

Has this company ever sold, factored or pledged it's receivables? No Yes If Yes, Balance Owed \$ _____

If yes, Name and Address of lender/factor: _____

Has any officer, owner or director been associated with a company that has previously factored it's receivables? No Yes

If yes, Name and Address of lender/factor: _____

Has this company or any of its officers or owners declared bankruptcy in the past 5 years? No Yes

Has there been any change in owners in the past 5 years? No Yes

Has the company ever changed names? No Yes

Do you typically file preliminary notices? No Yes

Are you ever required to get bonded? No Yes

Are you ever required to provide certified payroll? No Yes

Do you ever use union labor? No Yes Are your projects: Private Public

CURRENT INFORMATION:

Are all of your taxes current? No Yes If No, Balance Owed \$ _____

Are there any tax liens or judgments? No Yes If Yes, Balance Owed \$ _____

Is there any existing, pending or threatened litigation by or against this company? No Yes

Are there any outstanding loans? No Yes If Yes, Balance Owed \$ _____

If yes, Name of lender/bank _____ Type of Loan: _____

Describe why you need funding & what you intend to do w/ proceeds:



Client Application

ACCOUNTS RECEIVABLE INFORMATION:

Describe in detail your entire process from proposal to collection:

Number of employees: _____ Who processes your payroll? _____

Who maintains your books? _____ Who files your 940/941? _____

Do you have credit lines with your suppliers? No Yes Do you use subcontractors? No Yes

FINANCIAL INFORMATION:

Average # of invoices per month:	Total receivables \$:
Average invoice amount \$:	Current (0 to 30)\$:
Total billings: Last 30 days \$:	30 to 60 days \$:
Total billings: Last 12 months \$:	61 to 90 days \$:
Annual Bad Debt Write Off \$:	91 days+ \$:

Open Accounts Payable Current \$:	0 to 30 days \$:
30 to 60 days \$:	60 to 90 days \$:
	91+ days \$:

Anticipated Monthly Financing Volume \$:	Anticipated Number of Projects to Finance in the Next 12 Months:
Number of Active Projects:	Total Value \$:
	Backlog \$:

Please be as accurate as possible. This section must be completed in its entirety.



Client Application

BILLING PROCEDURES QUESTIONNAIRE:	Do you?
-----------------------------------	---------

- | | | | |
|----|--|-----------------------------|------------------------------|
| 1 | Utilize progressive billing? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2 | Bill for stored material? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3 | Have contracts with any of your customers? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4 | Have contracts with your subs, suppliers & vendors? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 5 | Have supplier accounts? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 6 | Use subcontractors? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7 | Send out monthly billing statements? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 8 | Bill for mobilization? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 9 | Bill prior to completion? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 10 | Warranty any of your work? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 11 | Have government contracts? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 12 | Utilize purchase orders? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 13 | Own any other companies in a similar industry or related business? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 14 | Have contra accounts (customers that provide you with product or services)? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 15 | Have sales to affiliates (companies related by common ownership or control)? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

IF YES TO #13, #14 OR #15 ABOVE, PLEASE EXPLAIN BELOW:



Client Application

THREE MOST ACTIVE CUSTOMERS IN TERMS OF CONTRACT VALUE:

1	Company Name:	Have you worked with them before?
	Trailing 3 months Sales \$:	Average # of days to collect:
	Street address:	Suite:
	City:	State: Zip:
	Contact:	Phone:
	Type of Company:	Requested Credit Limit \$:

2	Company Name:	Have you worked with them before?
	Trailing 3 months Sales \$:	Average # of days to collect:
	Street address:	Suite:
	City:	State: Zip:
	Contact:	Phone:
	Type of Company:	Requested Credit Limit \$:

3	Company Name:	Have you worked with them before?
	Trailing 3 months Sales \$:	Average # of days to collect:
	Street address:	Suite:
	City:	State: Zip:
	Contact:	Phone:
	Type of Company:	Requested Credit Limit \$:



Client Application

ADDITIONAL INFORMATION REQUIRED:

Please furnish the below listed information together with the completed application form.

- 1 **Please complete and sign this application. You may fax or email it.**
- 2 Customer list with contact name, address, phone number & credit limit requested for accounts to be financed.
- 3 Articles of Incorporation/Organization or Certificate of Formation or Filing Receipt.
- 4 Proof of Federal Tax ID # (such as a IRS Form CP 575 E or tax coupon).
- 5 Balance Sheet Statement (current).
- 6 Profit and Loss Statement (last 12 months).
- 6a Cash flow statement.
- 7 Open Accounts Receivable Aging Report (current).
- 8 Closed Accounts Receivable Aging Report (customer pay history- last 12 months).
- 9 Open Accounts Payable Aging Report (current).
- 9a Closed Accounts Payable Report.
- 10 Example of a pay application, P.O or other documentation relevant to billing.
- 11 Copy of driver's license(s) for Company's principal(s).
- 12 Previous 6 months bank statements.
- 13 Signed Vendor Agreements (contracts with your customers).
- 14 DBA, assumed or trade name certificates (if applicable).
- 15 Contract with existing lenders.
- 16 Most recent Federal Tax Return.



Client Application

INDIVIDUAL INFORMATION:

ALL OFFICERS, DIRECTORS, PARTNERS and PRINCIPALS, please complete the following information:

1

*Full Name:			Title:		
Home address:					Apt:
City:		State:		Zip:	
Home phone:		Cell Phone:		Email:	
DOB:		DL Number and State:		SS#:	
Home: <input type="checkbox"/> Own <input type="checkbox"/> Rent		% of Ownership: in Company:			

2

*Full Name:			Title:		
Home address:					Apt:
City:		State:		Zip:	
Home phone:		Cell Phone:		Email:	
DOB:		DL Number and State:		SS#:	
Home: <input type="checkbox"/> Own <input type="checkbox"/> Rent		% of Ownership: in Company:			

3

*Full Name:			Title:		
Home address:					Apt:
City:		State:		Zip:	
Home phone:		Cell Phone:		Email:	
DOB:		DL Number and State:		SS#:	
Home: <input type="checkbox"/> Own <input type="checkbox"/> Rent		% of Ownership: in Company:			



Client Application

The undersigned agrees that the information provided in this Application being for submitted for financing to FK CONSTRUCTION FUNDING, LLC is deemed accurate. I/we hereby authorize FK CONSTRUCTION FUNDING, LLC to investigate my/our credit worthiness and financial responsibility. I/we authorize FK CONSTRUCTION FUNDING, LLC to conduct independent background investigation(s) in considering this application. I/we grant FK CONSTRUCTION FUNDING, LLC the right to procure any and all credit reports pertaining to any party to the Application for Factoring. I/we grant FK CONSTRUCTION FUNDING, LLC the right to contact reliable sources to approve this application. The undersigned further authorizes any agency or institution to release information requested as it regards to this application. All such information will remain the sole property of FK CONSTRUCTION FUNDING, LLC.

*Please have the owner(s) listed above sign the application. Duplicate the last two pages of this application if more than three owners exist.

Signed by _____ Title _____ Date _____

Signed by _____ Title _____ Date _____

Signed by _____ Title _____ Date _____

Lastly, please take a moment to tell us how you heard about us:

Website/ Search Engine Newspaper Email/ Newsletter TV Radio Magazine Billboard

Referral Referred by _____

Other _____

218 S US Highway 1 | Suite 101 | Tequesta, FL 33469

email: construction@FKConstructionFunding.com
web: FKConstructionFunding.com

V2 / 20-6
Page 9

833 352-3863
Toll Free: 833 FK-FUND



Thank you for submitting your application. If you are using QuickBooks® as your accounting platform the following should assist you in generating some of the reports needed to complete our approval process:

Item #5- "Balance Sheet Statement"

QuickBooks Menu: Reports> Company & Financial > **Balance Sheet Standard**

DATES: Choose "Last Month" from the "Dates" drop down list.

Item #6- "Profit and Loss Statement"

QuickBooks Menu: Reports> Company & Financial> **Profit & Loss Standard**

DATES: Trailing 12 months (there is no choice for trailing 12 months" so enter "From" and "To" dates). "To" is always the last day of last month and "From" is 11 months before on the first day.

So for example if today is October 20, 2009 we would run "From 10/1/08" "To 9/30/09".

Item #7- "Open Accounts Receivable Aging Report"

QuickBooks Menu: Reports> Customers & Receivables> **A/R Aging Summary**

DATES: Choose "Last Month" from the "Dates" drop down list.

OTHER: Collapsed View is best.

Item #8- "Closed Accounts Receivable Aging Report"

QuickBooks Menu: Choose Reports> Customers & Receivables> **Average Days to Pay**

DATES: The report automatically defaults to all.

ONLY If your version of QuickBooks does not contain the Average Days to Pay report, generate the following report in its place:

QuickBooks Menu: Reports > Customers & Receivables > **Customer Balance Detail**

DATES: Trailing 12 months (there is no choice for trailing 12 months" so enter "From" and "To" dates). "To" is always the last day of last month and "From" is 11 months before on the first day.

So for example if today is October 20, 2009 we would run "From 10/1/0811 "To 9/30/09"

Item #9- "Open Accounts Payable Aging Report"

QuickBooks Menu: Reports> Vendors & Payables> **A/P Aging Summary**

DATES: Choose "Last Month" from the "Dates" drop down list.