

Application

To Enter Into A Security Agreement



MAZON ASSOCIATES, INC.
Accounts Receivable Financing

600 West Airport Freeway • Irving, TX 75062
P.O. Box 166858 • Irving, TX 75016-6858
972-554-6967 • Metro 972-445-1160
Fax 972-554-0951 • 1-800-442-2740

Exact Legal Company Title _____ Federal Tax # _____

Street Address _____ Phone _____ Fax _____

City _____ County _____ State _____ Zip _____

E-Mail _____ Website _____

Mailing Address (if different from above) _____

How were you referred to us? _____

Type of Business _____ Year Established _____

Corporation _____ Partnership _____ Individual _____

If a corporation, in what state incorporated? _____

If a corporation, what type? S _____ C _____ LLC _____

Does the company or principle individuals have a Federal Tax Lien? yes _____ no _____ Bankruptcy? yes _____ no _____

Are any taxes past due? yes _____ no _____ Is there any litigation pending or anticipated against the company and/or the principals of the company? yes _____ no _____ If yes, please explain. _____

Officers /Owners

1. President or Principal _____ Home Phone _____

Home Address _____ City, State, Zip _____

SS# _____ DOB _____ D/L#& State _____ % of Business Owned _____

Spouse _____ SS# _____ Do you own or rent residence? _____ Own _____ Rent

2. Vice President or Partner _____ Home Phone _____

Home Address _____ City, State, Zip _____

SS# _____ DOB _____ D/L#& State _____ % of Business Owned _____

Spouse _____ SS# _____ Do you own or rent residence? _____ Own _____ Rent

3. Secretary or Partner _____ Home Phone _____

Home Address _____ City, State, Zip _____

SS# _____ DOB _____ D/L#& State _____ % of Business Owned _____

Spouse _____ SS# _____ Do you own or rent residence? _____ Own _____ Rent

(over please)

Sales Information

Total \$ amount of outstanding invoices _____ Terms of Sale _____

Factored before? yes _____ no _____ With what company? _____

Average Monthly Sales \$ _____ Average Monthly Number Invoices _____

Yearly Sales \$ _____ Gross Profit Margin (%) _____ Avg. Collection Period of A/R (days) _____

Are you selling to any company that you also buy from? yes _____ no _____

Financial Information

Bank Name _____ Phone _____

Address _____ City, State, Zip _____

Checking Acct. # _____ Savings Acct. # _____ Contact _____

Attorney _____ Phone _____

Address _____ City, State, Zip _____

Does the bank have a security interest in the accounts receivable or inventory of the company? yes _____ no _____

Does another party have a security interest in the accounts receivable or inventory of the company?

yes _____ no _____

Name of Secured Party _____

Address _____ City, State, Zip _____

Purpose and Security _____

The confidential information contained in this application is true and correct and I hereby authorize any credit investigation necessary by Mazon Associates, Inc.

Name/Title _____ Date _____

Please return the following items with this application:

1. Copy of DBA certificate (assumed name certificate from court house)
OR Copy of Incorporation Certificate, Articles and Bylaws
OR LLC Partnership Certificate, Articles and Bylaws
2. Financial Statement (profit/loss statements and/or balance sheet if available)
3. Accounts Receivable Aging (list of unpaid invoices)
4. Master customer list with name, address, zip and phone
5. One copy of a sample invoice with appropriate back-up documentation (purchase order, shipping, etc.)