

FIRST CAPITAL FUNDING CORPORATION

Office: 800-346-0136 Fax: 888-755-8521

APPLICATION FOR CONSUMER RECEIVABLE FINANCING PROGRAM

Legal Name of Company (as shown on Articles of Incorporation or Partnership Agreement) _____

Street Address _____

City _____ State _____ County _____ Zip Code _____

Phone Number _____ Fax Number _____ Company web address (If applicable) _____

Does the company use a trade name or d/b/a? Yes No If yes, with whom: _____

Company is a: Corporation Partnership Proprietorship LLC Federal Tax I.D. # _____

Date Business started _____ State of Incorporation/Registration _____ Annual Sales Volume _____ Number of Employees _____

Describe your product and the ticket price you sell that product for: _____

Describe the financing terms you provide to your customers: _____

Do you hold any of the paper in-house? Yes No

Additional Comments: _____

Name of the contact person submitting this application: _____

Email: _____