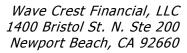


APPLICATION TO FACTOR RECEIVABLES			
Company Name:			
DBA (alternate trade name(s):			
EIN:	Phone:	Fax:	
Street Address:			
City:	State:	ZIP Code:	
Mailing Address (if different):			
Web Address:		Years in Business:	
Legal Business Status (circle one): Sole Proprietor Partnership Corporation LLC			
Type and Description of Business			
# of Employees	Federal/State taxes past due?	Tax lien filed?	
	Current Bankruptcy?	Prior Bankruptcy?	
If taxes past due or tax lien filed, provide date(s) and amount(s):			
OWNERS/PARTNERS/OFFICERS INFORMATION			
Name:			
Date of birth:	SSN:	Title:	
Home Address:			
City:	State:	ZIP Code:	
Home Phone:	Cell Phone:	% Ownership:	
DL #:	DL State:	Years with Company:	
Email address:			
Name:			
Date of birth:	SSN:	Title:	
Home Address:			
City:	State:	ZIP Code:	
Home Phone:	Cell Phone:	% Ownership:	
DL #:	DL State:	Years with Company:	
Email address:			
Name:			
Date of birth:	SSN:	Title:	
Home Address:			
City:	State:	ZIP Code:	
Home Phone:	Cell Phone:	% Owned:	
DL #:	DL State:	Years with Company:	
Email address:			





BANKING AND FINANCIAL INFORMATION				
Bank Name:				
City:	State:	ZIP Code:		
Bank Officer Name:	Phone	Fax:		
Open Commercial Loans with any other financial institutions (e.g., banks, credit unions, online lenders, installment lenders, merchant cash advance, factoring companies)? If yes, please provide lender names, loan amounts and a description of payment terms. Use a separate sheet if necessary.				
ACCOUNTS RECEIVABLE INFORMATION				
Anticipated Monthly Factoring Volume:				
Have you factored invoices before under this business name or any other business name? If so, please list the business name(s) and factor name(s):				
For the invoices you anticipate factoring, describe current payment terms.				
Describe the proposed business use of funds:				
How did you hear about Wave Crest?				
SUPPORTING DOCUMENTS FOR INVOICE FACTORING. PLEASE PROVIDE THE FOLLOWING:				
<ul> <li>□ Copies of photo ID (front and back) for all owners/partners/officers</li> <li>□ Business formation documentation (e.g., articles of incorporation, certificate of existence, certificate of good standing, etc.)</li> <li>□ Voided check from Business bank account</li> <li>□ Accounts Receivable Aging and/or Invoices from Debtor to be factored/copies of contracts or purchase orders</li> <li>□ Business Liability Insurance</li> <li>□ Worker's Compensation Insurance (staffing firms only)</li> </ul>				
By signature below, I/We acknowledge that application submission does not obligate Wave Crest to purchase invoices from my company. I/We certify that all of the information provided on this application is true and correct to the best of my/our knowledge. I/We authorize Wave Crest to make any credit, or investigative inquiry, or information verification that Wave Crest determines appropriate for the extension of credit, or an invoice factoring program.				
Signature:	Title:	Date:		

Please email this application to  $\underline{info@wavecrestcap.com}$  or call (949) 415-6427. We'll begin processing the application and a Wave Crest representative will contact you shortly.