PHOENIX CAPITAL GROUP, LLC

8707 E. Vista Bonita Drive, Suite 240 Scottsdale, AZ 85255 Phone: (623) 298-3459 Fax: (623) 298-1981

Application Form

Date:	Title:
Owner's Name:	Phone:
Company Name:	Fax:
Address:	Mobile:
City, State, Zip:	Email:
Date of Birth:	Referred By:
Social Security#	
Company Type (circle one): Sole Proprietors	ship Partnership LLC Corporation
How Long in Business/Industry:	Are you currently Factoring?
Gross Revenue Last 12 Mos.:	Have you Factored before?
Gross Monthly Sales:	If yes with whom?
Approx. # of Customers:	A/P pleased as collateral?
Average Invoice Size:	If ves with whom?
Any oustanding liens or judgments?	Number of Truster
Any open bankruptcy?	NAC #
Description of Business:	
Bank Information/Reference:	
Name of Bank:	Contact Person:
Checking Acct No.:	Phone:
Routing No.:	
Additional Company Officer/Owners:	
Name	Social Security#
Address	Date of Birth
Address	Drivers License#
% of ownership	Title
Name:	Social Securty#
Address:	Date of Birth:
Address:	Drivers License#
% of ownership	Title
The foregoing information is true and correct to the best of my knoconsider entering into a factoring agreement with this company. It to file a UCC-1 Financing Statement listing all assets as the collater	We grant Phoenix Capital Group, LLC or its agents the right
Capital Group, LLC, including without limitation, the reimbursemen	•
cancellation of contract prior to first funding. I hereby authorize Ph	noenix Capital Group, LLC or its agents to verify and investigate
	my/our credit worthiness and financial responsibility, in any way they may choose.
	any and all credit reports pertaining to any party listed in this application,
including but not limited to, all principals of the company.	
Agreed and consented to: Date:	
Signature:	Signature:
Title:	Title:
Print Name:	Print Name