

Landry Marks Partners LP
Application to Enter Factoring Relationship

Company Name: _____ D/B/A name, if applicable: _____

Federal Tax ID# (FEIN): _____

Entity Type (circle one): Corporation General Partnership Limited Partnership LLC Sole Proprietorship Other

State of Incorporation: _____ Inception Date: _____

Address: _____ City, State and Zip: _____

County Located: _____

Telephone: _____ Fax: _____ Cell Phone: _____

Company Officers and Principals (please list all – please use separate schedule, if necessary)

Title _____

Name: _____ Soc. Sec. #: _____

Address: _____ D.L. #: _____

City, State, Zip: _____ Spouse Name: _____

Telephone: _____ email address: _____

% Ownership: _____

Title _____

Name: _____ Soc. Sec. #: _____

Address: _____ D.L. #: _____

City, State, Zip: _____ Spouse Name: _____

Telephone: _____ email address: _____

% Ownership: _____

Title _____

Name: _____ Soc. Sec. #: _____

Address: _____ D.L. #: _____

City, State, Zip: _____ Spouse Name: _____

Telephone: _____ email address: _____

% Ownership: _____

Title _____

Name: _____ Soc. Sec. #: _____

Address: _____ D.L. #: _____

City, State, Zip: _____ Spouse Name: _____

Telephone: _____ email address: _____

% Ownership: _____

Banking Relationship

Bank Name: _____ Account #: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Contact Person: _____

Does the bank have a security interest in the accounts receivable or inventory of the Company?

YES NO (circle one)

Does any other party have a security interest in the accounts receivable or inventory of the Company?

YES NO (circle one)

List all secured parties

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Contact Person: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Contact Person: _____

Is the Company current on its payroll taxes (and IRS forms 940 and 941)? **YES NO (circle one)**

Does the Company or any of its officers have any outstanding judgments, pending or threatened litigation against it/them?
YES NO (circle one)

Sales Information

Normal Selling Terms: _____

Average Monthly Sales: _____ Average Invoice Size: _____

Return Policy: _____

Briefly describe the nature of your product or service:

The following documents are required to allow Landry Marks Partners LP to determine its ability to factor the Company's accounts receivable:

1. Completed Application to Enter Factoring Relationship;
2. Current financial statements (including Balance Sheet and Income Statement);
3. Personal financial statement of the Company's owner(s);
4. Certificate of Good Standing;
5. Certificate of Incorporation;
6. Articles of Incorporation;
7. D/B/A filing (if applicable);
8. Customer list including name, address and phone number of each;
9. Current accounts receivable aging schedule;
10. Current accounts payable aging schedule;
11. Blank invoice copy;
12. Five trade references (include name, address and phone number of each).

The aforementioned information will be held in strict confidence and will be retained by Landry Marks Partners LP and its advisors and participants who have agreed in advance to hold such information in strict confidence.

The information contained in this application is true and correct and I hereby authorize any credit investigations necessary by Landry Marks Partners LP.

Signature: _____ Date: _____