



| |
|-----------------------|
| APPLICATION DATE |
| CREDIT LINE REQUESTED |

Credit Application

1. GENERAL INFORMATION (Type or Print)

| | | | |
|--------------------------------|----------------------------|--|-----------------------|
| BUSINESS NAME | | DBA'S/OTHER BUSINESS NAMES | |
| PRIMARY ADDRESS (HEADQUARTERS) | | COMPANY WEBSITE ADDRESS | |
| CITY/STATE/ZIP | | DATE BUSINESS ESTABLISHED | |
| TELEPHONE | FAX | PRINCIPAL CONTACT NAME & TITLE | |
| OTHER LOCATIONS | | BUSINESS FORM (Corporation, LLC, Partnership, Sole Proprietorship) | |
| | | STATE OF INCORPORATION | |
| TYPE OF BUSINESS | | NO. OF EMPLOYEES | FISCAL YEAR END |
| FEDERAL TAX ID | | FRANCHISE TAX ID | |
| INSURANCE BROKER/AGENT NAME | ADDRESS | TELEPHONE | |
| ACCOUNTANT NAME | ADDRESS | TELEPHONE | |
| ATTORNEY NAME | ADDRESS | TELEPHONE | |
| BUSINESS BANK NAME | ADDRESS | TELEPHONE | |
| NUMBER OF ACCOUNTS | BANK ACCOUNT NUMBERS | | |
| RECEIVABLES NOW OPEN | APPROX. NUMBER OF ACCOUNTS | NO. OF INVOICES PER MONTH | STANDARD CREDIT TERMS |
| CURRENT LENDER | | CURRENT CONTACT | |

2. OWNERS/OFFICERS/PARTNERS (list all owners/ officers/partners-President, Secretary, other)

| | | | |
|----------------|--------------------|------------------------|--------------------|
| NAME | TITLE | EMAIL ADDRESS | %EQUITY IN COMPANY |
| HOME ADDRESS | | CITY/STATE/ZIP | RENT OR OWN HOME? |
| HOME TELEPHONE | CELLULAR TELEPHONE | SOCIAL SECURITY NUMBER | DATE OF BIRTH |
| NAME | TITLE | EMAIL ADDRESS | %EQUITY IN COMPANY |
| HOME ADDRESS | | CITY/STATE/ZIP | RENT OR OWN HOME? |
| HOME TELEPHONE | CELLULAR TELEPHONE | SOCIAL SECURITY NUMBER | DATE OF BIRTH |
| NAME | TITLE | EMAIL ADDRESS | %EQUITY IN COMPANY |
| HOME ADDRESS | | CITY/STATE/ZIP | RENT OR OWN HOME? |
| HOME TELEPHONE | CELLULAR TELEPHONE | SOCIAL SECURITY NUMBER | DATE OF BIRTH |



Return to:
support@lonestarfactors.com
Fax: 801-447-6891
Ph: 877-659-6023
www.lonestarfactors.com

Credit Application

Checklist:

- Lone Star Factors Credit Application
- Articles of Incorporation or Partnership Agreement or Articles of Organization
- Color Copy of Owner's Driver's License
- Copy of MC Authority
- W-9
- Voided check where you want the funds deposited
- Customer List
- Detailed A/R aging report
- Copy of Insurance Certificate
- How did you hear about LSF? _____

Visit us on the web at: www.lonestarfactors.com

STATEMENT OF ACCURACY

The statements made in and documents attached to this application are true and accurate to the best of my/our knowledge and belief.

AUTHORIZATION TO OBTAIN INFORMATION

I/We authorize Lone Star Factors and its affiliates and agents (collectively LSF) to obtain whatever information regarding employment, bank accounts, and/or outstanding credit (mortgage, auto, personal, home improvement, charge cards, credit unions, etc.) that LSF deems to necessary in connection with this application or in the course of review or collection of any credit extended in reliance on this application. I/We authorize and instruct any consumer credit agency, commercial credit reporting agency, business or person to compile and furnish to LSF any such information regarding us or our business(es) as may be requested by LSF and agree that such information, along with this application, shall remain LSF's property whether or not the application is approved.

This authorization will be valid for a period of two years from the date below or as long as applicant has an outstanding balance with LSF. A photocopy of this authorization will be as valid as the original. You authorize LSF to verify or check any of the information given, including credit references and employment and to obtain credit bureau reports as LSF deems necessary.

PRINCIPAL'S SIGNATURE _____ DATE _____

PRINCIPAL'S SIGNATURE _____ DATE _____

PRINCIPAL'S SIGNATURE _____ DATE _____

PRINCIPAL'S SIGNATURE _____ DATE _____

LSF may share credit information about you with its affiliates to determine eligibility for other products and services unless you direct us not to do so. If you do not want us to share this information with our affiliates, please initial here: _____