

Application Checklist

Prepared for:

Account Executive:

Phone Number:

Fax Number:

Sales Support:

Phone Number:

Fax Number:

Additional Notes / Comments:

The following is a checklist to complete your Working Capital Application.

Part I: Documents Enclosed

This section lists the following applications contained in this package.
Please complete all the forms in full.

- Working Capital Information Sheet - page 1
- Information Disclosure Letter - page 2
- Privacy Rider - page 3 (needs to be initialed)

Part II: Additional Documents Required

This section will deal with a list of materials we need you to provide us.
Send us ALL the information listed below.

- A copy of a voided check
- Government Issue ID / Driver's License
- Articles of Incorporation
- Certificate of Officers and Directors
- Proof of Home Address - Utility Bill, Phone Bill, etc...
- Business License
- Vendors Permit
- Most recent month's business bank statements (all pages)
- Complete Merchant Processing Statements for the last 4 months
- We need to see the summary section as well as daily transactions

**Once the application is conditionally approved, you will receive:
Working Capital Agreement (2 pages)**

*In order for your application to be processed in full, all items must be sent back and completed with signatures.
Should you have further questions, please contact your account executive.*

Exit4Funds Working Capital Information Sheet

BUSINESS NAME(S)

Business name:		Phone #:
Legal Address:		Fax#:
City:	Province:	Postal Code:
Name of Account (Doing Business As):		Phone #:
Physical Street Address (No PO Box):		Fax#:
City:	Province:	Postal Code:
Must Choose One Mailing Address: <input type="checkbox"/> DBA Address <input type="checkbox"/> Legal Address		Email Address:

MERCHANT PROFILE (BUSINESS)

Social Insurance Number if Sole Proprietor: (optional)		Province of Incorporation:	# of Locations:
Business Open Date:	Length of Current Ownership:	Product / Service Sold:	Requested Amount:
Lease: Start Date: _____ End Date: _____	Seasonal Business: <input type="checkbox"/> Yes <input type="checkbox"/> No	Peak Sale Month: From: _____ To: _____	Franchise: <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you used a cash advance plan before? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please check one)		Type of Entity: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation	
If yes, when? _____	Provider: _____		
Business Identification Number:	Landlord / Mortgage Company:	Contact Name:	
Monthly Rent / Mortgage Payment:	Phone #:	Fax#:	

OWNERSHIP INFORMATION

Owner / Officer / Partner 1:

First Name:	Last Name:	Title:
Social Insurance Number: (optional)	Date of Birth:	Drivers License Number: (optional)
% of Ownership:	Years There:	Check if you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease
Residence Address:	City:	Province:
Phone #:	Mobile #:	Email:

Owner / Officer / Partner 2:

First Name:	Last Name:	Title:
Social Insurance Number: (optional)	Date of Birth:	Drivers License Number: (optional)
% of Ownership:	Years There:	Check if you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease
Residence Address:	City:	Province:
Phone #:	Mobile #:	Email:

BUSINESS REFERENCE

Name:	Contact:	Phone #:	Fax #:
Name:	Contact:	Phone #:	Fax #:
Name:	Contact:	Phone #:	Fax #:

BANK REFERENCE

Name:	Contact:	Phone #:	Fax #:
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INSURANCE INFORMATION

Insurance Company:	Insurance Broker's Name:	Insurance Broker's Phone #:
Policy Number:	Business Interruption Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Business Interruption Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No

Each person signing below hereby declare(s) that all information provided in this Working Capital Information Sheet is true and correct, and that he/she has read, understood and agrees to the terms of the Credit Card Receivable Purchase Agreement. Each person signing below consents to Exit4Funds and/or its affiliated companies obtaining credit, financial and related personal or business information (including a credit information report) about the undersigned from any credit bureau or credit reporting agency in connection with the application by the undersigned for a working capital advance, and consents to the collection, use and disclosure of personal information as further described on page 3 of this application.

Signature	Title	Print Name	Date
Signature	Title	Print Name	Date

* Note: A voided check needs to be attached

Information Disclosure Letter

Collection, Use and Disclosure of Information. In this form the term "personal information" means information about an identifiable individual, as more particularly described by applicable Canadian federal and provincial privacy legislation. You consent to our collection, use and disclosure of your business and personal information as described below and for the following purposes:

(i) We may, from time to time, use your credit, financial and related personal information provided in this application or otherwise collected or compiled by us in connection with this application, any Merchant Agreement entered into with us by the business named above (the "Business"), any guarantee you provide in connection with any such agreement and any resulting business or other credit agreements, arrangements or guarantees between us and you or the Business, and any update, renewal or extension of same (collectively, the "Services"), for the purposes of: (1) verifying and evaluating your current and ongoing creditworthiness and the creditworthiness of the Business, your eligibility and the eligibility of the Business for the Services and other information provided to us in connection with the Services; (2) establishing, administering, servicing, collecting and enforcing the Services; (3) registering and enforcing security on or with respect to the Services; and (4) generally providing the products and services you and the Business have requested. Birth dates, Social Insurance Numbers or other personal identification, if provided, may be used by us for the purpose of verifying your identity, including matching records or credit information.

(ii) For the above purposes and for providing credit information to your potential creditors and potential creditors of the Business and to establish your credit history and the credit history of the Business, we may, from time to time, disclose credit, financial and related personal information to, and collect such information from: (i) our respective affiliates, agents and representatives; (ii) credit bureaus and reporting agencies; and (iii) other lenders, businesses and financial institutions with whom you or the Business have had or may have a financial relationship, including references you have provided in support of the Services and any credit card processor you or the Business may deal with; and may exchange such information between us and such other parties for such purposes. You consent to the disclosure of such information by these third parties to us.

(iii) Relevant business and personal information may be disclosed to card associations as necessary to process, authorize and authenticate transactions and in order to comply with regulations of these card associations. We may use business and personal information and disclose such information (including your date of birth and relevant account information) to third parties: as necessary to register security interests, including as contemplated in any Merchant Agreement; for the purposes of enforcing such security or otherwise in connection with collection of amounts owing to us; for the purposes of detecting and preventing fraud; and complying with money laundering, terrorist financing or similar laws in Canada and foreign countries (including the United States), including checking your identity against watch lists established by regulatory agencies or similar bodies in Canada and in foreign countries.

(iv) We may use your business and personal information and disclose such information to parties connected with or involved in the proposed or actual financing, insuring, securitization, sale, assignment or other disposal of all or part of our respective businesses or assets (including, for example, your (or the Businesses) agreements, accounts or amounts owing to us), for the purposes relating to the evaluation and/or performance of these transactions. Successors and assignees of our business or assets may collect, use and disclose your (or the Businesses) business and personal information as described in this consent.

(v) We may use agents and service providers, including our affiliates, to collect, use, disclose, store or process information on our behalf. Some of these service providers or affiliates may be located outside of Canada, and your business and personal information (and business information of the Business) may be transferred or processed outside of Canada for the purposes described in this consent. Your business and personal information (and business information of the Business) may be subject to legal requirements in foreign jurisdictions applicable to us and our service providers and affiliates, for example lawful requirements to disclose personal or other information to government authorities in those countries.

(vi) We may generally collect, use and disclose personal information for the purposes of meeting legal, regulatory, audit, processing and security requirements. We may otherwise collect, use and disclose personal information as described in the Merchant Agreement / Working Capital Application and as further described in the privacy policy or by calling 1-866-814-4001. We may otherwise collect, use and disclose personal information as permitted or required by law (including as required by applicable foreign laws).

This consent will be valid for so long as required to fulfill the purposes described above. You represent and warrant that you have the necessary consent of any other principals, guarantors or other individuals whose personal information is provided to us in connection with this application for the purposes described above. Authorized employees, agents, partners and affiliates of Exit4Funds that require access to your personal information will have access to your file, which will be accessible at 1-866-814-4001. If you wish to access or make corrections to your personal information in the possession of Exit4Funds, you may call the telephone number above. For further information about Exit4Funds' privacy practices, you may call the numbers indicated above.

Agreed: _____
(please initial)