

AVALON FUNDING CORPORATION

Simple Application To Enter Into Accounts Receivable Purchase Agreement

1. Legal Business Name: _____ Phone: _____
2. Street Address: _____ Fax: _____
3. County: _____ City: _____ State _____ Zip Code: _____
4. Company website: _____
5. Date Established: _____ Does Company Own Real Property: Yes No
6. If doing business in more than one place, list additional addresses: _____

7. All D/B/A, fictitious & assumed names: _____
8. Type of Business: _____ Corporation LLC Sole Proprietor Partnership
9. State in which company is incorporated: _____ Organizational #: _____
(If Applicable, Noted on Certificate of Incorporation)

PRINCIPAL INFORMATION

10. Name: _____ Social Security No _____
Home Street Address: _____ Own Rent Date of Birth: _____
City, State, Zip Code _____ Home Phone: _____
Business Title: _____ Est. % Ownership _____ Cell Phone: _____
Email Address: _____ Criminal Conviction: Yes No
11. Name: _____ Social Security No _____
Home Street Address: _____ Own Rent Date of Birth: _____
City, State, Zip Code _____ Home Phone: _____
Business Title: _____ Est. % Ownership _____ Cell Phone: _____
Email Address: _____ Criminal Conviction: Yes No
12. Name: _____ Social Security No _____
Home Street Address: _____ Own Rent Date of Birth: _____
City, State, Zip Code _____ Home Phone: _____
Business Title: _____ Est. % Ownership _____ Cell Phone: _____

Email Address: _____ Criminal Conviction: Yes No

13. Name of Company's Attorney: _____ Firm: _____ Phone: _____
Street Address: _____ City, State, Zip _____

TAX INFORMATION

14. Federal ID #: _____ State Tax ID #: _____ Local Tax ID # _____

15. Number of Employees: _____

16. How often do you file 941 Payroll Taxes? Weekly Monthly Quarterly Yearly

17. Do you have any Federal or State Taxes past due? Yes No If yes, has lien been filed? Yes No

18. If yes to #17, please list type, quarter/year and amounts: _____

BANKING INFORMATION

BUSINESS CHECKING ACCOUNT

19. Name of Bank: _____ Phone: _____

Street Address: _____ City, State, Zip _____

20. Account Numbers: _____ Name of Bank Officer: _____ Phone: _____

BUSINESS LOAN ACCOUNT

21. Name of Financial Institution: _____ Phone Number: _____

Street Address: _____ City, State, Zip _____

22. How long with Institution? _____ Loan Amount: _____ Collateral: _____

PERSONAL ACCOUNT OF: President Proprietor Partner Other _____

23. Name of Bank: _____ Date Account Opened: _____

Street Address: _____ City, State, Zip _____

24. Checking Account Number: _____ Phone Number: _____

RECEIVABLE INFORMATION

25. What is the purpose of the funds to be generated from funding: _____

26. Approximate Number of Customers: _____ Terms of Sales: _____ Average Monthly Sales: _____

27. Do any customers provide you with product or services on a "contra" or "off-set" basis? Yes No

28. Amount you intend to fund on a monthly basis: _____

29. Has your company funded receivables before? Yes No

If yes, with what company : _____

30. Are receivables pledged as collateral? Yes No

If yes, pledged to whom? _____

31. Is inventory currently pledged as collateral? Yes No

If yes, pledged to whom? _____

32. Any other Commercial Loans/Leases Outstanding? Yes No

If yes, please list on back of this application.

33. How did you find out about Avalon Funding Corporation? _____

34. Name: _____ Co. _____ Phone: _____

I/We have been told and do understand that the submission of an application for financing with Avalon Funding Corporation does not mean that Avalon Funding Corporation will fund or provide any financial services whatsoever.

I/We further have been told and do understand that approval to purchase receivables may come only after Avalon Funding Corporation approves said application and the invoices/accounts offered are approved in accordance with the terms of Avalon Funding Corporation Accounts Receivable Purchase and Sale Agreement.

I have been advised that after my written request, made within a reasonable time, I have the right to receive a complete and accurate report of the nature and scope of such procedures in accordance with Section 606(b) of the Fair Credit Reporting Act. The above statements are true and accurate to the best of my information and belief. This serves as my permission for the release of any information regarding this application for the purposes of credit and personal background investigation to Avalon Funding Corporation

Signed: _____ Dated: _____, 2016

Print Name and Title: _____

Email Address: _____

Company Website: _____

Please kindly scan and email this application back to info@avalonfunding.com or fax it to (949) 289 - 4800

Along with your application, please attach the following:

- Articles of Incorporation OR Partnership Agreement OR Articles of Organization
- Accounts Receivable Aging (current)
- Accounts Payable Aging (current)
- Top 5 Customer List including complete addresses