

GENERAL BUSINESS INFORMATION

In order to expedite the approval process, please fill out this application completely. After initial approval is given, additional information may be required prior to funding.

Business Name: _____ Date Est.: _____ County: _____
 Street Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Cell: _____
 E-mail Address: _____ Web Address: _____ Fax: _____
 Legal Status: Corporation LLC Partnership Sole Proprietorship Federal I. D. Number: _____
 Type and description of Business: _____ Number of Employees: _____
 Federal or State Taxes Past Due? Yes No If yes, type/amount: _____ / \$ Tax lien filed? Yes No

OFFICERS, OWNERS OR PARTNERS

If there are more than two owners, please list any additional persons on a separate sheet of paper.

Name & Title: _____	Name & Title: _____
Percent Owned: _____	Percent Owned: _____
Driver's License #: _____	Driver's License #: _____
Home Street Address: _____	Home Street Address: _____
City: _____ State: _____	City: _____ State: _____
Zip: _____ Home Phone: _____	Zip: _____ Home Phone: _____
Social Security Number: _____	Social Security Number: _____
Date of Birth: _____	Date of Birth: _____

BUSINESS BANKING INFORMATION

Name of Bank: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Date Opened: _____
 Checking Account Number: _____
 Any Commercial Loans Outstanding? Yes No
 Amount: \$ _____
 Loan Account Number: _____
 Bank Officer: _____

FACTORING ACCOUNT INFORMATION

Anticipated monthly factoring volume: \$ _____
 Current account balance outstanding: \$ _____
 Have you factored before? Yes No
 If yes, with whom? _____
 How did you find out about Riviera? _____
 Additional Notes: _____

SUPPORT INFORMATION CHECKLIST

Please include the appropriate support information with your completed application and submit

- | | |
|--|---|
| <input type="checkbox"/> Articles of Incorporation or Assumed Name Certificate | <input type="checkbox"/> Liability Insurance Certificate |
| <input type="checkbox"/> Customer List with Addresses | <input type="checkbox"/> Worker's Compensation Insurance (if requested) |
| <input type="checkbox"/> Accounts Receivable Aging and Invoices to Factor | <input type="checkbox"/> Cargo Insurance (Trucking Firms) |
| <input type="checkbox"/> Bank Authorization Form (to be provided) | <input type="checkbox"/> Copy of Operating Authority (MC# _____) (Trucking Firms) |
| <input type="checkbox"/> Tax Authorization Form (to be provided) | <input type="checkbox"/> Copy of Applicant(s)' Drivers License(s) |

Signed: _____ Date: _____ Name and Title: _____

Signed: _____ Date: _____ Name and Title: _____