



Application for Financing

CANADA

Application Date: _____

Business Development Officer: _____

How did you learn about Crestmark?: _____

COMPANY INFORMATION

Legal Name: _____

DBA: _____ Prior Name(s) including merged entities: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Website: _____

Mailing Address (if different from above): _____ City: _____ Province: _____ Postal Code: _____

DAILY CONTACT PERSON Name: _____ Title: _____

Phone: _____ Mobile: _____ Email: _____

BUSINESS DESCRIPTION:

FORM OF BUSINESS: Sole Proprietor Partnership Limited Partnership LLC Corporation Date Established: _____

JURISDICTION OF INCORPORATION / ORGANIZATION: _____

OTHER LOCATIONS (attach additional sheets if necessary): _____

Business/Principals current on all taxes?: Yes No If no, please explain: _____

Bankruptcy filings (company or any principals)?: Yes No If yes, which and date: _____

Any current or prior security interests or liens, judgements, suits, criminal charges/convictions, legal proceedings, regulatory actions against company, or principals /shareholders/officers?: Yes No If yes, please explain: _____

Are all owners (including shareholders) and officers/directors Canadian Citizens, or have the legal right to be in Canada?
 Yes No If not, please provide Photocopies of your Passport; and also your Work VISA or Permanent Resident Card with this Application

Has company been involved in a merger or acquisition within the last two (2) years? Yes No If yes, please provide copy of purchase/sale agreement. _____

Please provide names of all entities either owned or operated by primarily same principals for last two (2) years: _____

PRINCIPALS & SHAREHOLDERS (Attach additional sheets if necessary)

OWNERSHIP MUST TOTAL 100%

NAME (full legal): _____ Title: _____ % Ownership: _____

Home Address: _____ City: _____ Province: _____ Postal Code: _____

Phone: _____ Mobile: _____ County: _____

Date of Birth: _____ Social Insurance #: _____ Email Address: _____

Valid Drivers License Number and Province, or Valid Passport Number: _____ Canadian Citizen?: Yes No Provide any two (2) of the following government-issued photo IDs: Passport, Driver's License, or Alien ID Card

Do you have an interest in any other businesses? Yes No If yes, please explain: _____

NAME (full legal): _____ Title: _____ % Ownership: _____

Home Address: _____ City: _____ Province: _____ Postal Code: _____

Phone: _____ Mobile: _____ County: _____

Date of Birth: _____ Social Insurance #: _____ Email Address: _____

Valid Drivers License Number and Province, or Valid Passport Number: _____ Canadian Citizen?: Yes No Provide any two (2) of the following government-issued photo IDs: Passport, Driver's License, or Alien ID Card

Do you have an interest in any other businesses? Yes No If yes, please explain: _____

NAME (full legal): _____ Title: _____ % Ownership: _____

Home Address: _____ City: _____ Province: _____ Postal Code: _____

Phone: _____ Mobile: _____ County: _____

Date of Birth: _____ Social Insurance #: _____ Email Address: _____

Valid Drivers License Number and Province, or Valid Passport Number: _____ Canadian Citizen?: Yes No Provide any two (2) of the following government-issued photo IDs: Passport, Driver's License, or Alien ID Card

Do you have an interest in any other businesses? Yes No If yes, please explain: _____

CURRENT LENDER INFORMATION

Name of Lender:	Line Amount: \$	Termination Date:	Notice Date:
Address:	City:	Province:	Postal Code:
Collateral Pledged /Charged:	Guarantees (Personal/Corporate):		
Do you have any other open loans with other lenders? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please list on additional page.</i>			

ACCOUNTS RECEIVABLE INFORMATION

Total # Customers:	# of Domestic:	# of Foreign:	Open Invoices: \$
List Foreign:			
Number of invoices per month:			
Average Invoice Size: \$	Average # Days Invoices Outstanding:		
Terms, discounts or incentives offered:			
Annual sales: \$	Anticipated Monthly Financing: \$		
Are receivables, inventory or fixed assets pledged/charged as collateral for current financing? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, to whom:</i>			
Are there any bill and holds: <input type="checkbox"/> Yes <input type="checkbox"/> No	Any guaranteed sales or A/R subject to offset: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you accept deposits: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please explain:			

PLEASE ATTACH THE FOLLOWING ITEMS WITH YOUR BUSINESS APPLICATION

- Corporate Balance Sheets and Profit & Loss Statements (2 year-ends and most recent interim statement)
- Most recent detailed Accounts Receivable Aging & Accounts payable aging

I hereby certify that all information contained in this application is correct. I hereby authorize Crestmark, a division of MetaBank®, N.A., its subsidiaries, its designated agents or assigns to conduct any investigation it sees fit as to the creditworthiness of the company and all principals individually by utilizing any credit reporting agency as and when needed, and to file the appropriate financing Provements pursuant to the Uniform Commercial Code or applicable legislation, describing the collateral as all assets of the Debtor or similar language. I understand that the contents of said investigation and any ensuing reports will be, and remain, confidential. Without limiting the generality of the foregoing, I hereby authorize Crestmark, its subsidiaries, agents and assigns to use, collect and disclose the foregoing information for the purposes Proved herein. Crestmark will take reasonable precaution to safeguard such information to prevent it from theft, loss, or unauthorized disclosure. Crestmark will keep such information for as long as necessary to provide the financing contemplated herein and in accordance with its Privacy Policy located at www.crestmark.com. For any questions regarding Crestmark's Privacy Policy, or if I wish to rectify any information provided to Crestmark, I may contact Crestmark at any telephone number appearing herein.

USA PATRIOT ACT NOTIFICATION – The following notification is being provided to you pursuant to Part 326 of the USA Patriot Act of 2001, 31 CFR 103.121(b)(5):

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, including any deposit account, loan, lease, or extension of credit, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Sign Individually, with Title: *Please have all principals sign below; attach additional sheets if necessary.*

Signature / Title	Print Name	Date
Signature / Title	Print Name	Date
Signature / Title	Print Name	Date



Canadian Foreign Representative Office
Corporate / Michigan Office
Florida Office
Louisiana Office
California Office
Transportation Division Office

1315 Pickering Parkway, Suite 300 Pickering, ON L1V 7G5	p	289.624.2323	f	248.267.1645
5480 Corporate Drive, Suite 350 Troy, MI 48098	p	248.641.5100	f	248.641.5101
1500 Gateway Boulevard, Suite 250 Boynton Beach, FL 33426	p	561.833.7006	f	561.833.9968
726 Highlandia Drive Baton Rouge, LA 70810	p	225.293.0711	f	225.906.0309
1301 Dove Street, Suite 1000 Newport Beach, CA 92660	p	949.486.3409	f	949.486.3408
800 Crescent Centre Drive, Suite 620 Franklin, TN 37067	p	615.620.3500	f	615.620.3510

EQUAL OPPORTUNITY NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is: OFFICE OF THE COMPTROLLER OF THE CURRENCY, Customer Assistance Group, 1301 McKinney St., Suite 3450, Houston, TX 77010-9050.



DECLARATION OF Beneficial Owner(s)

Completion of this form is mandatory to meet federal regulations through the Financial Crimes Enforcement Network (FINCEN). Although some information may have been provided in the previous application section, the section below must be fully completed.

The person opening a new account on behalf of a legal entity must fill and sign this form, providing the name, address, date of birth and Social Insurance number (or passport number or other similar information in the case of foreign persons) for the following individuals (i.e., the **beneficial owners**):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

COMPANY NAME:

BENEFICIAL OWNER (Beneficial Owners of 25% or more equity interest)

NAME (full legal):	Title:	% Ownership:	
Home Address:	City:	Province:	Zip Code:
Phone:	Mobile:	County:	
Date of Birth:	Social Insurance #:	Email Address:	
Valid Drivers License Number and State, or Valid Passport Number:	Canadian Citizen?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide any two (2) of the following government-issued photo IDs: Passport, Driver's License, or Alien ID Card
Do you have an interest in any other businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>			

NAME (full legal):	Title:	% Ownership:	
Home Address:	City:	Province:	Zip Code:
Phone:	Mobile:	County:	
Date of Birth:	Social Insurance #:	Email Address:	
Valid Drivers License Number and State, or Valid Passport Number:	Canadian Citizen?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide any two (2) of the following government-issued photo IDs: Passport, Driver's License, or Alien ID Card
Do you have an interest in any other businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>			

NAME (full legal):	Title:	% Ownership:	
Home Address:	City:	Province:	Zip Code:
Phone:	Mobile:	County:	
Date of Birth:	Social Insurance #:	Email Address:	
Valid Drivers License Number and State, or Valid Passport Number:	Canadian Citizen?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide any two (2) of the following government-issued photo IDs: Passport, Driver's License, or Alien ID Card
Do you have an interest in any other businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>			

NAME (full legal):	Title:	% Ownership:	
Home Address:	City:	Province:	Zip Code:
Phone:	Mobile:	County:	
Date of Birth:	Social Insurance #:	Email Address:	
Valid Drivers License Number and State, or Valid Passport Number:	Canadian Citizen?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide any two (2) of the following government-issued photo IDs: Passport, Driver's License, or Alien ID Card
Do you have an interest in any other businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>			

INDIVIDUAL WITH CONTROL (Individual with significant responsibility for management and control of legal entity listed at top of page)

Is this person a Principal/Shareholder?: Yes No Is this person listed in one of the four entries above?: Yes No *If yes, and the information has already been entered above, please provide the NAME only.*

NAME (full legal):	Title:	% Ownership:	
Home Address:	City:	Province:	Zip Code:
Phone:	Mobile:	County:	
Date of Birth:	Social Insurance #:	Email Address:	
Valid Drivers License Number and State, or Valid Passport Number:	Canadian Citizen?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide any two (2) of the following government-issued photo IDs: Passport, Driver's License, or Alien ID Card
Do you have an interest in any other businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>			

I hereby certify that, to the best of my knowledge, that the information provided above is complete and correct.

Signature / Title

Print Name

Date