



**SUN CAPITAL, INC.**  
929 Clint Moore Road, Boca Raton, FL 33487

**APPLICATION for Government Accounts Receivable Funding**

Tel: (800) 880-1709 Fax (800) 645-1942

Legal Name of Company: \_\_\_\_\_

DBA or Trade Style Name: \_\_\_\_\_

Check One:  Corp or S-Corp  Partnership/ Limited Liability Co.  Sole Proprietorship

Federal Tax Identification #: \_\_\_\_\_ Date Business Started: \_\_\_\_\_

Primary Business Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Business Description (types of products and/or services): \_\_\_\_\_

Please identify the governmental entity for which you supply goods or services  Federal  State  County  City

What is the status of your government contract?  Awaiting Award (Expected Date \_\_\_/\_\_\_/\_\_\_)  Current Contract

Federal Gov't Vendors: How are you set up  Form # 1449  DD250  WAWF (Wide Area Work Flow)

Other \_\_\_\_\_ How are you paid?  EFT (Electronic Funds Transfer)  Check

(If current contract) Contract # \_\_\_\_\_ Date of award \_\_\_\_\_ End date \_\_\_\_\_

Contract Amount \$ \_\_\_\_\_ .00

Normal Terms of Sale:  Due upon receipt  Net 7-29 days  Net 30  Net 60  Net 90

Contract/Agreement  Consignment  Other : \_\_\_\_\_ Avg. Discounts / Returns: \_\_\_\_\_ %

# of active customers: \_\_\_\_\_ # of invoices per month : \_\_\_\_\_ Average Invoice Amount : \$ \_\_\_\_\_ .00

Gross Sales (Last Year) \$ \_\_\_\_\_ This Year Projected \$ \_\_\_\_\_

What is the gross (\$) amount of invoices that you intend to factor each month? \$ \_\_\_\_\_

Have you ever factored your Accounts Receivable before?  no  yes, with whom? \_\_\_\_\_

How did you hear about Sun Capital?  Broker  Referral  Letter/Postcard  Internet

What is their name and phone number? Sandra Noble phone ( 404 ) 374 - 3384

**Principal / Majority Owner Information:**

<u>Name:</u>	<u>Home Address</u>	<u>State</u>	<u>Zip</u>	<u>SS#</u>	<u>Ownership %</u>
_____	_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____	_____ %

Is your company required to be bonded or insured for any of its services?  yes  no  n/a

Are your Payroll Taxes current?  yes  no Are Federal / State Taxes current?  yes  no

Has any of the owners / officers filed for bankruptcy, or have any judgments, tax liens or pending lawsuits?  yes  no

**Please provide a current Accounts Receivable Aging Report, Sample Invoice and corresponding P.O. Agreement, and Articles of Incorporation or Partnership Papers with this application.**

Noble Finances

4355J Cobb Pkwy #217, Atlanta GA 30339  
Fax Completed Application to (800) 645-1942

404-374-3384



APPLICATION for Government Accounts Receivable Funding

Are you a prime or sub contractor? \_\_Prime \_\_Sub Do you subcontract out some or all of your work? \_\_ Yes \_\_ No

Does your company have any loans? \_\_\_\_no \_\_\_\_ yes \*If yes then complete the following:

Name of Bank or Lender: \_\_\_\_\_, phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Loan(s) Balances: \_\_\_\_\_, nature or purpose of loan(s): \_\_\_\_\_

Please list up to 10 current or future customers you wish to factor ~ your current customers will not be contacted without your permission.

List Governmental Agencies first, followed by any non-governmental commercial payors which you may want to fund.

1. Company Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
Primary Business Address: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

2. Company Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
Primary Business Address: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

3. Company Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
Primary Business Address: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

4. Company Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
Primary Business Address: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

5. Company Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
Primary Business Address: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

6. Company Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
Primary Business Address: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

7. Company Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
Primary Business Address: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

8. Company Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
Primary Business Address: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

9. Company Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
Primary Business Address: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

10. Company Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
Primary Business Address: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

The foregoing information is true and correct to the best of my knowledge and is given to Sun Capital, Inc. to induce Sun Capital to consider entering into a factoring agreement with this company. I/we do hereby authorize Sun Capital exclusively the right to verify and investigate any and all of the foregoing statements, including, but not limited to, my/our credit worthiness and financial responsibility, in any way it may choose. I/we grant Sun Capital, Inc. exclusively the right to procure any and all reports pertaining to applicant and any party listed in this application, including but not limited to, all principals of the applicant company.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

# SUN CAPITAL GROUP, INC.

929 CLINT MOORE ROAD

BOCA RATON, FL 33487

TELEPHONE: (561) 995-9615

OR (800) 880-1709 FAX (800) 645-1942

To speed the qualifying process we will need the following information:

- 1- Fill out the enclosed application (completely)
- 2- Most Recent Accounts Receivable Aging report
- 3- Articles of incorporation (name page)
- 4- Any registered DBA
- 5- A copy of contracts or P.O.
- 6- A copy of a current invoice
- 7- A copy of your current financial statement
- 8- A copy of your Tax Return

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