



RB CAPITAL, LLC
A member of the Resource Financial Group

CREDIT APPLICATION AND COMPANY PROFILE FOR ACCOUNTS RECEIVABLE FINANCING

RB Capital, LLC

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CREDIT APPLICATION AND COMPANY PROFILE

(THIS INFORMATION IS CONFIDENTIAL)

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PLEASE PRINT or TYPE

GENERAL BUSINESS INFORMATION			
Legal Business Name			Federal Tax ID Number
Trade Name (DBA)			Date Established
Primary Business Address			
Alternate Mailing Address			
Primary Phone		Alternate Phone	Fax
Company Web Site		Email Address	
Type of Business		Legal Form of Business <input type="checkbox"/> Corporation (State _____), <input type="checkbox"/> LLC, <input type="checkbox"/> Partnership, <input type="checkbox"/> Sole Proprietor	
Transportation Only – MC Number	# Company Power Units	# Owner / Operators	# & Type Trailers
Referred By			
BANKING INFORMATION			
Name of Bank		Account Number	Phone Number
Branch Office		Contact / Officer	Fax Number
BUSINESS & CREDIT REFERENCES			
(1) Lender / Credit Reference		Account Number	Phone Number
Reference Description		Contact	Fax Number
(2) Lender / Credit Reference		Account Number	Phone Number
Reference Description		Contact	Fax Number
ACCOUNTS RECEIVABLE SUMMARY (Provide A/R Aging & Customer Names, Addresses & Phone Numbers)			
Average Monthly Sales \$	Accounts Receivable Balance \$	Average Invoice Amount \$	Number of Active Customers
How Frequently Are Invoices Generated?			
Are Invoices Generated Prior to Receiving Signed BOL	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain	
Are Any Extended Terms Granted With The Receivables?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain	
BACKGROUND INFORMATION			
Has Your Company Pledged Its Receivables As Collateral?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain	
Are There Any Pending Liens or Judgments Pending?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain	
Are Any Taxes, Including Payroll Taxes, Delinquent?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain	
Has The Company Ever Filed Bankruptcy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain	
Do You Use a Payroll Service?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain	
Has Your Company Ever Operated Under a Different Name?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain	
This application authorizes RB Capital, LLC (RBC) to verify with third parties in any manner it deems appropriate, your financial condition, credit history, assets and any items indicated on this or other statements provided to RBC by your organization, its officers, directors or principals and; authorizes RBC to conduct any and all references and background investigations related to your respective character and reputation and hereby irrevocably release and holds harmless RBC from any claim of any kind related to or arising out of any such investigation. RBC will be promptly notified of any intended changes in the facts concerning your organization, name, places of business, authorities and other matters presented.			
Signature:		Title:	Date:

PRINCIPAL OWNER(S) INFORMATION & AUTHORIZATION TO RELEASE (Each Principal Owner Needs To Complete)

In conjunction with my application for credit with you, I understand that a financial investigation is being requested that may include, but not necessarily be limited to, information regarding business affiliations, background verification, verification of education and certifications, civil and criminal litigation histories, judgments, tax liens, and bankruptcies, credit histories, verification of information provided and other possible public records information available. I hereby authorize, without reservation, any law enforcement agency, administrator, state agency, institution, information service bureau or other public records provider or present or past employer contacted by RB Capital, LLC, its designees, representatives, contractors, agents or assigns, to furnish the above-mentioned information. I further acknowledge that telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies. According to the Fair Credit Reporting Act, I am entitled to know if credit is denied because of information obtained by you from any consumer reporting agency. If so, I will be so advised and be given the source of information.

(1) Name		Position		Social Security Number	Date Of Birth	Ownership %
Home Address				City, State & Zip Code		
Home Phone Number		Mobile Phone Number		Personal E-Mail Address		
Have you Ever Filed Bankruptcy?			<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain		
Are There Any Unsatisfied Judgments or Tax Liens?			<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain		
Are You a Guarantor on Any Loans, Leases or Contracts?			<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain		
Signature			Print Name		Date	
(2) Name		Position		Social Security Number	Date Of Birth	Ownership %
Home Address				City, State & Zip Code		
Home Phone Number		Mobile Phone Number		Personal E-Mail Address		
Have you Ever Filed Bankruptcy?			<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain		
Are There Any Unsatisfied Judgments or Tax Liens?			<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain		
Are You a Guarantor on Any Loans, Leases or Contracts?			<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain		
Signature			Print Name		Date	
(3) Name		Position		Social Security Number	Date Of Birth	Ownership %
Home Address				City, State & Zip Code		
Home Phone Number		Mobile Phone Number		Personal E-Mail Address		
Have you Ever Filed Bankruptcy?			<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain		
Are There Any Unsatisfied Judgments or Tax Liens?			<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain		
Are You a Guarantor on Any Loans, Leases or Contracts?			<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain		
Signature			Print Name		Date	

ADDITIONAL INFORMATION REQUEST (Provide The Following Documents With This Application)

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| <ul style="list-style-type: none"> • Customer List With Name, Address & Phone Number • Detailed Accounts Receivable Aging • Recent Company Financial Statement (Balance Sheet & Income Statement) or Tax Return • Detailed Accounts Payable Aging • Personal Financial Statement of Principle Owners | <ul style="list-style-type: none"> • Copy of I.D. (Driver License or Passport) of Principle Owners • Copy of Articles Of Incorporation, LLC Certificate Membership or Partnership agreement, Sole Proprietorship/Partnership Trade Name Filing • For Transportation - Operating Authority & Insurance Certificate |
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PLEASE FAX COMPLETED APPLICATION TO: 256.260.1344 or 256.353.0737