

Client Profile



Catamount Funding, Inc.
 11777 Katy Freeway, Suite 150
 Houston, Texas 77079
 877-647-8577
 877-242-0422
info@catamountfunding.com

THE COMPANY

Applicant (exact company name)			
Street Address	City	State	Zip
P.O. Box	City	State	Zip
Phone ()	Fax ()		
Type of Business	State of Incorporation	Number Employees	
County located	Under Current Management Since	Date Started	
Charter Number	<input type="radio"/>	'C' Corporation	<input type="radio"/> Sole Proprietor
Federal I.D. Number	<input type="radio"/>	Partnership	<input type="radio"/> S' Corporation

OWNERSHIP INFORMATION

Please account for 100% ownership. Attach a separate page if necessary.

Officer/Partner	Ownership%	Title	Social Security Number	
Home address	City	State	Zip Code	Home Phone ()
Officer/Partner	Ownership%	Title	Social Security Number	
Home address	City	State	Zip Code	Home Phone ()
Officer/Partner	Ownership%	Title	Social Security Number	
Home address	City	State	Zip Code	Home Phone ()

BANKING/ PROFESSIONAL SERVICES

Bank Name	Checking Acct.#	Loans?	(Yes/No)
Contact	Title	Tel. Number ()	
Bank Name	Checking Acct.#	Loans?	(Yes/No)
Contact	Title	Tel. Number ()	
Accountant		Tel. Number ()	

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ACCOUNTS RECEIVABLE INFORMATION

ORDER ORIENTATION: Contract Purchase Order Other

INVOICING METHOD: Progressive At Completion At Shipment At Delivery

Terms (i.e., 2/10, Net 30) Average Monthly Billings Average Invoice Size

	As of (date)	Balance	Current	30-60 days	60-90 days	over 90 days
ACCOUNTS RECEIVABLE						
ACCOUNTS PAYABLE						

PLEASE USE THE AREA BELOW AND BACK OF THIS FORM TO GIVE EXPLANATIONS WHERE REQUESTED. PLEASE LIST EXPLANATIONS BY CORRESPONDING QUESTION NUMBER.

	YES	NO	EXPLANATION
1. Has the company ever sold or pledged Accounts Receivable? (if yes explain)			
2. Do you update customers credit limits on a regular basis?			
3. Do you offer any unusual terms of sale? (if yes explain)			
4. Do you have any consignment or guaranteed sales? (if yes explain)			
5. Are there any liens on your accounts receivable or inventory? (if yes explain)			
6. Has the company or any of its officers/owners filed for bankruptcy protection? (if yes explain)			
7. Is the company or an of its owners delinquent on any Federal or State taxes? (if yes explain)			
8. Is the company involved in or have pending any lawsuits or litigation? (if yes explain)			
9. Does the company operate under any assumed names?			
10. Does the company have any subsidiaries or is the Company a subsidiary of a parent company? (if yes explain)			

EXPLANATIONS TO QUESTIONS 1 THROUGH 10 ABOVE (Please use back of this sheet if necessary)

CUSTOMER REFERENCES (Please list the largest)

Company Name	Phone Number ()	Contact Name
Address	City	State Zip Code
Company Name	Phone Number ()	Contact Name
Address	City	State Zip Code
Company Name	Phone Number ()	Contact Name
Address	City	State Zip Code

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VENDOR/SUPPLIER REFERENCES (Please list the largest)

Company Name	Phone Number ()	Contact Name	
Address	City	State	Zip Code
Company Name	Phone Number ()	Contact Name	
Address	City	State	Zip Code
Company Name	Phone Number ()	Contact Name	
Address	City	State	Zip Code

OPERATING FACILITIES

Landlord's Name	Phone Number ()	Contact Name
Term of Lease	Monthly Payment	

Please provide the following when submitting this application. Please check if included.

- | | | |
|--|---|---|
| <input type="radio"/> Detailed accounts receivable aging | <input type="radio"/> Detailed accounts payable aging | <input type="radio"/> Articles of Incorporation or organizational agreement |
| <input type="radio"/> Client list including address and phone | <input type="radio"/> Last two year end financial statements | <input type="radio"/> Minutes of last Board Meeting (if available) |
| <input type="radio"/> Most recent interim financial statement | <input type="radio"/> Last two year end tax returns | <input type="radio"/> Company brochure |
| <input type="radio"/> Last four Employer Quarterly Tax Returns
with evidence of payment | <input type="radio"/> Principal's personal financial statement(s) | <input type="radio"/> Business plan (if available) |
| | <input type="radio"/> Copies of three actual invoices and all back-up | |

REPRESENTATION

I, Individually and as an officer of the company, understand that Catamount Funding, Inc. will rely on the information provided in this application in its evaluation of the company's request. I hereby warrant that this information and any other information the company or I may supply represents a correct, complete and accurate disclosure of all requested information information on the company and does not omit any information, the omission of which would make the information misleading. I hereby authorize Catamount Funding, Inc. to share credit information about our company with its affiliates and related parties as permitted by law. I authorize banks, suppliers, customers and other parties listed in this application and related parties as permitted by law. I authorize banks, suppliers, customers and other parties listed in this application to release financial information and credit reports to Catamount Funding, Inc.. I further authorize Catamount Funding, Inc. to contact any other parties they may deem necessary for their investigation of this application and agree to hold Catamount Funding, Inc. harmless against any claims, direct or indirect that may result from receiving such information. I also understand that knowingly providing false or misleading information may constitute a criminal offense.

Signature	Date
Printed Name	Title