

APPLICATION DATE

CREDIT LINE REQUEST

Business Information/Application

REV 032910

1. GENERAL INFORMATION (Type or Print Clearly Please complete all questions, or put n/a or --)

BUSINESS NAME		DBA'S/ OTHER BUSINESS NAMES	
PRIMARY ADDRESS (HEADQUARTERS)		PRIMARY E-MAIL ADDRESS	
CITY/STATE/ZIP		DATE BUSINESS ESTABLISHED	
TELEPHONE	FAX	PRINCIPAL CONTACT NAME & TITLE	
OTHER LOCATIONS AND/OR RELATED, PRIOR OR PARENT COMPANIES?		BUSINESS FORM (CORPORATION, LLC, PROPRIETORSHIP, PARTNERSHIP)	
ARE THERE ANY TAX LIENS/OBLIGATIONS OR EXISTING "UCC FILINGS" ON THE COMPANY OR ANY OWNERS? (ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)		STATE OF INCORPORATION OR REGISTRATION	
		IS ANY BUSINESS ENTITY CHANGE PLANNED?	
TYPE OF BUSINESS (INDUSTRY ETC)		NO. OF EMPLOYEES	FISCAL YEAR END
FEDERAL TAX ID	ANY PERSONAL OR BUSINESS TAX LIENS AND/OR DEBTS? (Describe)	STATE FRANCHISE TAX ID	
INSURANCE BROKER/AGENT NAME	ADDRESS	CITY/STATE/ZIP	EMAIL TELEPHONE
ACCOUNTANT NAME	ADDRESS	CITY/STATE/ZIP	EMAIL TELEPHONE
ATTORNEY NAME	ADDRESS	CITY/STATE/ZIP	EMAIL TELEPHONE
BUSINESS BANK NAME(S)	ADDRESS	CITY/STATE/ZIP	CONTACT NAME EMAIL TELEPHONE
NUMBER OF ACCOUNTS	BANK/SAVINGS/INVESTMENT ACCOUNT NUMBERS (ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)		
ACCOUNTS RECEIVABLES NOW OPEN \$	APPROX. NUMBER OF ACCOUNTS	NO. OF INVOICES PER MONTH	STANDARD CREDIT TERMS
CURRENT LENDER(S)	AMOUNT OWED AT PRESENT (ATTACH ADDITIONAL SHEET IF NECESSARY)	LENDER(S) CONTACT(S) AND PHONE NUMBERS	

2. OWNERS/OFFICERS/PARTNERS (list all owners/ officers/partners-President, Secretary, other)

NAME 1 (PLEASE PRINT)		TITLE		% OF OWNERSHIP
HOME ADDRESS		CITY/STATE/ZIP	BUSINESS PHONE	RENT OR OWN?
HOME TELEPHONE	CELL PHONE	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER & STATE	DATE OF BIRTH
NAME 2		TITLE		% OF OWNERSHIP
HOME ADDRESS		CITY/STATE/ZIP	BUSINESS PHONE	RENT OR OWN?
HOME TELEPHONE	CELL PHONE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER & STATE	DATE OF BIRTH
NAME 3 (Attach additional information as required)		TITLE		% OF OWNERHIP
HOME ADDRESS		CITY/STATE/ZIP	BUSINESS PHONE	RENT OR OWN?
HOME TELEPHONE	CELL PHONE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER & STATE	DATE OF BIRTH

FOR TRUCK/CONSTRUCTION EQUIPMENT: PROVIDE ONE OR MORE HAULING REFERENCES (COMPANY NAME, ADDRESS, CONTACT NAME, PHONE NUMBER):

INITIALED APPROVAL OF ALL OWNERS/APPLICANTS: _____ DATE: _____



Return to:
 C-Profit Capital Corp.
 321 N. Central, Suite 355
 McKinney, TX 75070
 Tel: 877-386-3716 ext.102
 Fax: 888-419-3222
 forms@cprofit.com

To prevent delays in processing, Please complete application package in its entirety.

EXACT BUSINESS LEGAL NAME: _____
ASSUMED NAME(S) OR DBA(s): _____

IN ADDITION TO THIS APPLICATION COMPLETED IN FULL, PLEASE PROVIDE ALL OF THE FOLLOWING:

- Detailed Accounts Receivable Ageing
- Customer List including complete addresses, telephone numbers and contact person
- Brief summary of your company history, ownership, funding needs and future plans
- For transportation companies, please provide copy(ies) of your operating authority(ies) (DOT or other)
- How did you hear about us? _____

Additional information will be required on a timely basis if you accept our funding proposal

Visit us on the web at: www.cprofit.com

STATEMENT OF ACCURACY

The statements made in and documents attached to this application are true and accurate to the best of my/our knowledge and belief.

AUTHORIZATION TO OBTAIN INFORMATION

I/We authorize Compound Profit Corp, C-Profit Capital Corp. and its affiliates and agents (collectively "CPCC") to obtain whatever information regarding employment, bank accounts, and/or outstanding credit (mortgage, auto, personal, home improvement, charge cards, credit unions, etc.) that CPCC deems to necessary in connection with this application or in the course of review or collection of any credit extended in reliance on this application. I/We authorize and instruct any consumer credit agency, commercial credit reporting agency, government agency, taxing authority, business or person to compile and furnish to CPCC any such information regarding us or our businesses as may be requested by CPCC. We agree that such information, along with this application, shall remain CPCC's property whether or not the application is approved.

This authorization will be valid for a period of two years from the date below or as long as applicant has an outstanding balance with CPCC or its affiliates. You authorize CPCC to verify or check any of the information given, including credit references, background information and employment and to obtain credit bureau reports as CPCC deems necessary. You agree to immediately update CPCC if there is any material change in the information provided in any application forms, ownership, officers, financial status, contacts or other information for as long as you or successor or related entities conducts business with CPCC or its affiliates. A photocopy of this authorization will be as valid as the original. **ALL PRINCIPALS MUST SIGN BELOW AND INITIAL BOTTOM OF PAGE 1**

PRINCIPAL	SIGNATURE	DATE
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IF THERE IS A GENERAL MANAGER, MEMBER OR OTHER INDIVIDUAL(S) AUTHORIZED TO SIGN CONTRACTS OR OPERATE THE BUSINESS, PLEASE PROVIDE NAME AND DETAILS:

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact in writing: CPCC, ATTN: ECOA, 321 N. Central Expressway, Suite 355, McKinney, TX 75070, Tel 877-386-3716 ext.100 within 60 days from the date you are notified of our decision. We will send you a written statement to reasons for the denial within 30 days of receiving your request for this statement.

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 Unit, 1301 McKinney Avenue, Suite 3710, Houston, Texas 77010.

CPCC may share information about you with its affiliates to determine eligibility for products and services not related to this application unless you direct us not to do so. If you do not want us to share this information with our affiliates, please initial here: _____