

Virginia Commercial Finance, Inc.
4551 Cox Road Suite 402 Glen Allen, Virginia 23060

Tel (804) 897-1200 Fax (804) 897-1202

APPLICATION

<i>Legal Business Name</i>			<i>State of Incorporation</i>	<i>Who referred you to VCF?</i>	
<i>Mailing Address</i>			<i>City</i>	<i>State</i>	<i>Zipcode</i>
<i>Street Address</i>			<i>City</i>	<i>State</i>	<i>Zipcode</i>
<i>Phone</i>	<i>Fax</i>	<i>Cell Phone</i>	<i>Email Address</i>		

AUTHORIZED EMPLOYEES / OFFICERS / SHAREHOLDERS INFORMATION

<i>Name</i>	<i>Ownership %</i>	<i>SSN</i>	<i>Date of Birth</i>	<i>Own./Rent</i>	<i>Years @ Address</i>
<i>Home Address</i>		<i>City</i>	<i>State</i>	<i>Zipcode</i>	<i>Home Phone</i>

<i>Name</i>	<i>Ownership %</i>	<i>SSN</i>	<i>Date of Birth</i>	<i>Own./Rent</i>	<i>Years @ Address</i>
<i>Home Address</i>		<i>City</i>	<i>State</i>	<i>Zipcode</i>	<i>Home Phone</i>

(Please list additional authorized employees, including all of the above data, on another piece of paper, and attach to this application.)

COMPANY INFORMATION

<i>Legal Type:</i> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Proprietorship <input type="checkbox"/> Individual <input type="checkbox"/>	<i>Tax ID #:</i>	
<i>Description of Product / Service:</i>		
<i>Is your business seasonal?</i>	<i>What are your strongest sales months?</i>	<i>What are your weakest?</i>

<i>Date established / Incorporated</i>		<i>1 Yr Ago</i>	<i>2 Yrs Ago</i>	<i>YTD Sales</i>	
<i>Fiscal Year End Date</i>		<i>Sales</i>		<i>YTD Net Profit</i>	
<i>Number of Employees</i>		<i>Net Profit</i>		<i>YTD Gross Margin %</i>	

<i>CPA Prepares:</i>	<input type="checkbox"/> Year End Financials	<input type="checkbox"/> Interim Financials	<input type="checkbox"/> Tax Returns		
<i>CPA Performs:</i>	<input type="checkbox"/> Compilation	<input type="checkbox"/> Review	<input type="checkbox"/> Audit		
<i>Selling Terms:</i>	<input type="checkbox"/> Net 30	<input type="checkbox"/> Net 60	<input type="checkbox"/> Net 90	<input type="checkbox"/> 2%/Net 0	<input type="checkbox"/> Other: _____

<i>Lowest Invoice Amount</i>		<i>Highest Invoice Amount</i>		<i>Average Invoice Amount</i>	
------------------------------	--	-------------------------------	--	-------------------------------	--

<i>Current Receivables Total \$</i>		<i>Are Payroll Taxes current?</i>	
<i>Current Payables Total \$</i>		<i>Do you use a payroll service?</i>	

FINANCING INFORMATION

<i>Primary Bank</i>		<i>Banker</i>	<i>Phone</i>	<i>Fax</i>
<i>Checking Acct. #</i>	<i>Line of Credit \$</i>	<i>Balance Owed</i>	<i>Bank(s) the company maintains checking accounts with</i>	

We appreciate the opportunity to review your application and provide you with a quick answer on an approval to proceed. If your current situation does not allow us to proceed, we will refer you to another institution and refund your application fee.

To complete the application, please send:

- | | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | <i>Most Recent Month-end Accounts Receivable Aging</i> | <input type="checkbox"/> | <i>Prior 2 year's corporate tax returns (signed)</i> |
| <input type="checkbox"/> | <i>Most Recent Month-end Accounts Payable Listing</i> | <input type="checkbox"/> | <i>Prior 2 Yrs CPA-prepared yr end financials (if avail.)</i> |
| <input type="checkbox"/> | <i>Current Inventory Report (if applicable)</i> | <input type="checkbox"/> | <i>Most recent internally-prepared financials</i> |
| <input type="checkbox"/> | <i>Prior Year's Budget</i> | <input type="checkbox"/> | <i>Personal financial statements (shareholders > 20%)</i> |
| <input type="checkbox"/> | <i>Projections (if available)</i> | <input type="checkbox"/> | <i>Prior 2 yrs personal tax returns (shareholders > 20%)</i> |