



BENEFITS OF OUR FACTORING SERVICE

- Same day cash flow to your Company. Instant cash that can be used to meet payroll, equipment payments, or simply provide working capital.
- ARMS (Accounts Receivable Management Service) allows you time to concentrate all of your time and energy on expanding your business at no extra cost to you.
- Security against credit-risky customers.
- No monthly payments and no bad debts incurred.
- Eagle takes the responsibility of collections, non-recourse to you.
- Same day funding upon receipt of qualified invoices.
- Fees commence on the date of Eagle Capital Corporation funding of receivables and not on the date of freight delivery or invoice date.

EAGLE CAPITAL CORPORATION was established to aid small, medium, and large companies in managing their accounts receivables. Our professional clientele are involved in an immense array of businesses including, but not limited to, transportation, manufacturers, contractors, distributors, personnel and security services. Our state-of-the-art computer system and dedicated team members are able to track, source and verify credit worthiness in an instant. We are able to do this more effectively and efficiently in house by pooling information on thousands of customers throughout the United States and Canada. Bad cash flow, old account receivables, and the writing off of bad debts can be a thing of the past when you team up with "THE EAGLE."



CARRIER CHECKLIST

In order to quickly determine if we can be of service to your firm, we need all of the information requested below, as well as the attached application. If any of the information requested is not available, please attach a written explanation. All information will be held in the strictest of confidence.

Please fax application and all materials to 662-842-6218.

You may also mail it to us at: Eagle Capital Corporation
P.O. Box 4215
Tupelo, MS 38803

Please supply the items marked

1. Application
2. Bank Statement: Business and/or Personal
3. Photo Copy of Drivers License, all Officers
4. Corporate papers filed listing officers
5. Copy of Operating Agreement (for LLCs) or Bylaws (for Corporations)
6. Articles of Incorporation, LLC Papers, or State stamped copy of DBA Filing
7. Financial Statement
8. Accounts Receivable Aging Report
9. Previous two years Federal Income Tax returns (Personal and Business)
10. Customer List with Name, address, zip code and telephone numbers
11. One copy of a completed invoice (sample)

Transportation Companies Only

12. Copy of your ICC Authority
13. Copy of insurance, cargo and liability with Eagle Capital as Certificate Holder
14. Copy of Aged Accounts Payable



APPLICATION

Legal Business Name: _____ Date Established: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

County: _____ Business Type (Carrier, Broker, Mfg., Etc.): _____

Corporation: _____ Partnership: _____ Individual: _____ State of Jurisdiction: _____

Federal Tax # _____ MC # _____

Business Email Address: _____ Business Web Page: _____

If one of or more place of business, state the address of the CEO: _____

Previous business names used within the past five years: _____

HISTORY

Have you ever factored before under any name? Yes No With whom? _____

From: _____ to _____ Reason for discontinuing: _____

ESTIMATES ON ACCOUNTS TO BE FACTORED

Approximate number of accounts you intend to factor: _____

Average monthly sales volume in dollars: \$ _____ Average number of invoices monthly: _____

Average invoice amount: \$ _____ High credit extended for individual acct.: _____

Current Receivables Open: \$ _____ Credit Terms Extended: _____ (Days)

If Company is less than three years old, list previous employment/arrangement information:

Name	City	State	Phone #	To and From Dates
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

PRESIDENT, CEO, OWNER, MEMBER, MANAGER, OR PRINCIPAL

Name: _____ Title: _____ % Of Ownership: _____

Residence Address: _____ Since: _____

City: _____ State: _____ Zip Code: _____

If less than 3 years, previous address: _____ How long? _____

Home Phone: _____ Cell Phone: _____

Mortgage Holder/Landlord: _____ Phone: _____

Driver License # _____ State: _____ SS# _____ DOB: _____

Personal Email Address: _____

Spouse Name: _____ Same Address? Yes No

Driver License # _____ State: _____ SS# _____ DOB: _____

ADDITIONAL OFFICER, PARTNER, MEMBER, MANAGER, ETC.

Name: _____ Title: _____ % Of Ownership: _____

Residence Address: _____ Since: _____

City: _____ State: _____ Zip Code: _____

If less than 3 years, previous address: _____ How long? _____

Home Phone: _____ Cell Phone: _____

Mortgage Holder/Landlord: _____ Phone: _____

Driver License # _____ State: _____ SS# _____ DOB: _____

Spouse Name: _____ Same Address? Yes No

Driver License # _____ State: _____ SS# _____ DOB: _____

Additional Officers Not Listed: Yes No Officers Not Listed: _____

BUSINESS BANK ACCOUNT INFORMATION

Bank Name: _____

Address: _____

City, ST, Zip: _____

Account Number: _____

Name of Accountant: _____

Name of Attorney: _____

PERSONAL BANK ACCOUNT INFORMATION

Bank Name: _____

Address: _____

City, ST, Zip: _____

Account Number: _____

Phone Number: _____

Phone Number: _____

Are regular financial statements prepared? Yes No How Often? _____

Are Federal, State, or Local taxes past due? Yes No How Much? _____ (Attach latest statement)

Are any assets assigned, pledged, or leveraged as collateral?

A/R: Yes No To Whom: _____

Inventory: Yes No To Whom: _____

Equipment: Yes No To Whom: _____

Other: _____ To Whom: _____

Number of owned Trucks in operation: _____ Trailers: _____ Trailer Type: _____

Number of owner operator Trucks in operation: _____ Trailers: _____ Trailer Type: _____

CUSTOMERS YOU INTEND TO FACTOR (Provide separate list for additional customers)

Company	Address	City	ST	Phone
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

BUSINESS REFERENCES WHO HAVE KNOWN YOU AT LEAST TWO YEARS

Company	Address	City	ST	Phone
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

How did you hear about us? _____

Briefly explain your business operation: _____

Comments: _____

The above statements are true and accurate to the best of my information and belief.

Dated: _____, 20 _____ Signed: _____

Title: _____

Printed Name: _____