



SPERGEL

Spergel Corporate Finance Inc.

Spergel Corporate Finance Inc. (SCF)

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FINANCING APPLICATION (CANADA)

Company Legal Name: _____ (“Applicant”)

DBA/Trade Name: _____

DUNS #: _____

(Please attach a list of additional Corporate or DBA/Trade Names)

Corporate Contact/Title: _____ Mr. Ms.

Street Address: _____ **Suite or Unit #:** _____

City, Province: _____ **Phone #:** _____

Postal Code: _____ **Fax #:** _____

Website: _____ **E-mail:** _____

Financing Requested: Factoring ABL PO Other (Specify): _____

Facility Amount Requested: \$ _____

Type of Business: _____

Intended use of funds: _____

Previous Annual Sales: \$ _____ **Projected 12 Months Sales:** \$ _____

Previous Net Income: \$ _____ **Projected 12 Months Net Income:** \$ _____

TOP 5 CUSTOMERS	ESTIMATED ANNUAL SALES
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

BANKING INFORMATION

Bank: _____ Branch Contact: _____

Branch Location: _____ Phone Number: _____

How long have you been with this bank? _____ Year(s)

Do you have any financing facilities with other banks? No Yes

If yes, please complete the following.

BANK	BRANCH CONTACT	BRANCH LOCATION	PHONE #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bank security/Collateral Pledged: Accounts Inventory Equipment Other: _____

Accounts Receivable: Pledged as security elsewhere? No Yes, to whom: _____

MANAGEMENT/SHAREHOLDER CONTACT(S)	TITLE	% SHARES HELD	SIGNING AUTHORITY	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

LIST OF SUBSIDIARY AND RELATED CORPORATIONS: OWNERSHIP BREAKDOWN BY PERCENTAGE

Please provide a corporate organization chart (if applicable)

_____	_____
_____	_____
_____	_____
_____	_____

Federal/Provincial Corporation #: _____ Canada Revenue Agency Business #: _____ Workers Compensation #: _____

Do you use a payroll service? No ADP Ceridian Other: _____

How many employees do you have? _____

Does company have any federal or provincial taxes past due? No Yes: *provide details below.*

If yes, have arrangements to repay been agreed upon? No Yes: *provide details below.*

DETAILS OF TAX ARREARS Indicate approximate amount. If no arrears, check Nil.

TAX	ARREARS	TAX	ARREARS
PAYROLL TAX-FEDERAL	\$ _____ <input type="checkbox"/> NIL	H.S.T.	\$ _____ <input type="checkbox"/> NIL
PAYROLL TAX-PROVINCIAL	\$ _____ <input type="checkbox"/> NIL	G.S.T./P.S.T.	\$ _____ <input type="checkbox"/> NIL
CORPORATE INCOME TAX	\$ _____ <input type="checkbox"/> NIL	WORKERS COMPENSATION	\$ _____ <input type="checkbox"/> NIL

Name of Corporate Lawyer: _____ Phone#: _____

Name of External Accountant: _____ Phone#: _____

Referred to SCF by: _____ Phone#: _____

Has the company been involved in any litigation, either currently or historically? No Yes

If Yes, explain: _____

Have the owners, officers or key managers of the company have ever been convicted of a criminal offense? No Yes

If Yes, explain: _____

Has the company ever filed for bankruptcy? No Yes

If Yes, explain: _____

Has the company moved locations in the past 5 years? No Yes

If Yes, explain: _____

CERTIFICATION

I hereby certify on behalf of Applicant that the information provided in this Application is true, accurate and complete. Permission is hereby granted for a confidential credit investigation. A copy of this form shall be good and sufficient authority for anyone having confidential or other information about the financial position of the Applicant to disclose such information to SCF upon request.

If representations are subsequently found to be incorrect or incomplete, SCF reserves the right to reject this Application and cancel any contract that may be negotiated and shall not be obliged to fulfill any agreement with applicant, verbal or written. Applicant agrees that any expenses incurred by SCF because of reliance upon incomplete or incorrect statements made by Applicant herein are chargeable to Applicant.

I consent to SCF and its affiliates sending me electronic messages with respect to the services provided by them. I understand that I may withdraw my consent at any time.

Print Name and Title of Signing Officer

Signature of Signing Officer

Date: _____

SUPPORTING DOCUMENTATION CHECKLIST

Financial statements:

- Accountant prepared Annual Statements for last fiscal year end
- Internally prepared Interim Statements (Balance Sheet & Income Statement)

Current aged listing for Accounts Receivable and Accounts Payable

Articles of incorporation. Include Articles of Amendment and Amalgamation (if applicable)

Inventory summary (if applicable)

Equipment summary (if applicable)

Current financing letters (i.e. bank, ABL, factor, etc.)