

Comprehensive and Innovative Financing Solutions

Tel: (604) 801-6638 Fax: (604) 801-6639 www.iqfc.ca

## IG FINANCIAL GROUP EXPRESS APPLICATION

In order to expedite the approval process, please fill out this application comp	, , , ,	
Business Name:		
Street Address:		
City: Province: E-Mail Address: Web Address:		
Legal Status: () Corporation () LLC		
Type and description of Business:		
Revenue Canada Business Number:		
Any Federal or Provincial taxes past due? () Y		, type and amount:
	7 ( ) <b>N</b> T	
Are receivables pledged as collateral? () Y	Yes () No	, to whom?_
OFFICERS, O	WNERS OR PARTNER	RS
Name & Title:	% Owned	Driv/Lic #:
Home Street Address:		() Own () Rent
City: Province:	_ Postal Code:	Home Phone:
Social Insurance Number:	Date of Bir	th:
Name & Title:	% Owned	Driv/Lic #•
Home Street Address:		
City: Province:		
Social Insurance Number:		
Name & Title:	% Owned (	_) Driv/Lic#
Home Street Address:		() Own () Rent
City: Province:	_ Postal Code:	Home Phone:
Social Insurance Number:	Date of Bir	th:
BUSINESS BA	NKING INFORMATIO	ON
Name of Bank:	Date Accoun	nt Opened:
City:Province:		
Chequing Account Number:		
Any Commercial Loans Outstanding? () Yes () No		Number:
Loan Officer:	Amount:	
Collateral:		

MISCELLANEOUS INFORMATION	
Dollar Amount of Receivables Now Open:	
Average Monthly Sales:	
Approximately Number of Customers:	
Terms of Sale:	
Amount intended to factor on a monthly basis:	
Maximum anticipated factoring volume:	
How did you find out about IG Financial Group?	
Other Services :     Equipment Leasing   Purchase Order Financing   Letters of Credit   Bridge Financing	
SIGNATURE	
I have been told and do understand that the submission of this application to IG Financial Group and/or its assigns, designated underwrifunding partners (hereinafter collectively "IGFC") indicates my intention to enter into a Security Agreement with IGFC but does not obligate to factor/finance or provide any financial services whatsoever. I further have been told and do understand that the approval to factor/fin provide any financial services may come only after the manager of IGFC approves said application and the invoices/accounts offered, in account with the terms of IGFC's Security Agreement. The above statements are true and correct to the best of my information and belief. This serve permission for the release of any information to IGFC regarding this application for the purpose of credit investigation. I hereby authorized investigate the credit of all parties listed above and to begin verification of the invoices submitted.	nance or cordance es as my
Signed: Date:	
Name and Title:SUPPORT INFORMATION CHECKLIST	
Please include the appropriate support information with your completed application and submit to IG Financial Group.	
1. Articles of Incorporation and / or Assumed Name Certificate	
2. Customer List	
3. Accounts Receivable Aging and / or Invoices to Factor	
4. Bank Authorization Form	
5. Tax Authorization Form	
6. Insurance Information	
a. Liability Information	
b. Workers Compensation Insurance (Temporary Employment Firms only)	
c. Cargo Insurance (Trucking Firms only)	
7 Conv of Provincial Operating Authorities and U.S. Motor Carrier Authority, as applicable (Trucking Firms only)	