



Email: contactus@swordgatecapital.com

If you have questions or would like to fill out the application over the phone, please call (843) 353-1704

GENERAL INFORMATION

STREET ADDRESS		CITY	STATE	ZIP
NAME		PHONE NUMBER	FAX	
MAILING ADDRESS		CITY	STATE	ZIP
PRIMARY CONTACT		PRIMARY CONTACT PHONE	PRIMARY CONTACT EMAIL	
M.C. NUMBER	D.O.T. NUMBER	FEDERAL I.D. NUMBER	STATE OF INCORPORATION	
NUMBER OF TRUCKS OWNED		TYPES OF LOADS HAULED	LOCAL OR NATION-WIDE HAULING?	

OWNERSHIP INFORMATION

OFFICER/PARTNER NAME	% OWNERSHIP	TITLE	SOCIAL SECURITY NUMBER	
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE
OFFICER/PARTNER NAME	% OWNERSHIP	TITLE	SOCIAL SECURITY NUMBER	
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE

PROFESSIONAL SERVICES INFORMATION

BANK NAME	CONTACT NAME	TITLE	PHONE NUMBER	LOANS (yes/no)
ATTORNEY	COMPANY/ FIRM		PHONE NUMBER	
ACCOUNTANT	COMPANY/ FIRM		PHONE NUMBER	

ACCOUNTS RECEIVABLE INFORMATION

INVOICE TERMS	AVE. INVOICES PER MONTH	AVE. INVOICE SIZE (\$)	PROJECTED MONTHLY FACTORING VOLUME (\$)
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ARE YOU CURRENTLY FACTORING OR HAVE YOU FACTORED BEFORE? YES NO IF SO, WITH WHOM? _____

DOES THE COMPANY HAVE ANY IRS LIENS OR PAST DUE IRS OBLIGATIONS? YES NO IF YES, IS THERE A PAYMENT PLAN OR SUBORDINATION CURRENTLY IN PLACE? YES NO

DOES THE COMPANY ACCEPT CREDIT CARD PAYMENTS FROM CUSTOMERS? YES NO DOES THE COMPANY USE SUBHAULERS? YES NO

I/We hereby apply for the credit described in this application on behalf of the applicant business. I/We certify that I/we made no misrepresentation in this application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the credit will not be used for any illegal purpose. Sword Gate Capital, LLC ("SGC") is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by SGC for that purpose. SGC may disclose to any other interested parties information as to SGC's experience or transactions with my/our account. I/We understand that SGC will retain this application and any other credit information SGC receives, even if no credit is granted. These representations and authorizations extend not only to SGC, but also to any insurer of the credit and to any investor to whom SGC may sell all or part of the credit. I/We further authorize SGC to provide any such insurer or investor any information and documentation that they may request with respect to my/our application or credit.

AUTHORIZATION SIGNATURES OF EACH OWNER/APPLICANT

SIGNATURE	PRINTED NAME	TITLE	DATE
SIGNATURE	PRINTED NAME	TITLE	DATE

DOCUMENT CHECKLIST

PLEASE SUBMIT THE FOLLOWING DOCUMENTATION WITH YOUR COMPLETED APPLICATION:

- TAX RETURN FOR PRIOR TWO YEARS (MOST CURRENT FOR NEW BUSINESS)
- BILL OF LADING & RATE CONFIRMATION (WITH EACH INVOICE SUBMITTED FOR FACTORING)
- COPY OF DRIVERS LICENSE
- W9 TAX FORM WITH EIN & VOIDED CHECK

