



**PRIME TIME** Funding, Inc.

**APPLICATION**

**Date:** \_\_\_\_\_

**1. SUBMITTED TO:**

**Name:** Ron Weber OR Robert Neu  
**Business Name:** PRIME TIME Funding, Inc.  
**Address:** P.O. Box 70563, Reno, NV 89570-0563  
**Phone:** 775-345-2785 OR 775-829-1827  
**Fax:** 775-345-2790 OR 775-829-1827

**SUBMITTED BY:**

**Name:** \_\_\_\_\_  
**Business Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**CLIENT INFORMATION**

**2. BUSINESS NAME, ADDRESS & PHONE NUMBER:**

**Name:** \_\_\_\_\_  
**Business Name** \_\_\_\_\_  
**Address (Street):** \_\_\_\_\_  
**Address (Mailing):** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_ **Website:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Mobile/Pager:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**3. TYPE OF BUSINESS & PRODUCT LINES:** \_\_\_\_\_

\_\_\_\_\_  
**Legal Status:** \_\_\_\_\_ **How Long in Business:** \_\_\_\_\_  
**Registered or Incorporated in the state of:** \_\_\_\_\_  
**How Long at This Address:** \_\_\_\_\_ **Fed Tax ID #:** \_\_\_\_\_  
**Where Does Business Bank?** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Name and Account Number:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Are there any UCC-1's filed on your business? NO\_\_ YES\_\_ For** \_\_\_\_\_  
**CPA Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**4. Gross Revenue Last 12 Months:** \_\_\_\_\_

**Approximate Number of Customers** \_\_\_\_\_

5. **Approximate Number of Customers to be Factored:** \_\_\_\_\_  
**Volume Expected to be Factored Annually:** \_\_\_\_\_
6. **Taxes (if any) due or past due:**  
**Local:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Federal:** \_\_\_\_\_
7. **Litigation (if any):** YES \_\_\_\_\_ NO \_\_\_\_\_
8. **Bankruptcy (if any): Have you personally or the applicant business filed or are in the process of filing a petition in bankruptcy, voluntarily or involuntarily:**  
 YES \_\_\_\_\_ NO \_\_\_\_\_
9. **Please Explain Business's Needs in Detail:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. **Principals of the Applicant:**  
**Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Active in Business:** YES \_\_\_\_\_ NO \_\_\_\_\_ **% Interest Owned:** \_\_\_\_\_  
**Home Phone Number:** \_\_\_\_\_  
**SS#:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Active in Business:** YES \_\_\_\_\_ NO \_\_\_\_\_ **% Interest Owned:** \_\_\_\_\_  
**Home Phone Number:** \_\_\_\_\_  
**SS#:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

11. **Three Representative Customers that Client Wishes to Factor:**  
**Name of Business:** \_\_\_\_\_  
**Type of Business:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_  
**Average Invoice Amount:** \_\_\_\_\_ **Credit Terms:** \_\_\_\_\_  
**Total Credit Offered Last 12 Months:** \$ \_\_\_\_\_  
**Dollar Volume of Receivables Outstanding for:**  
**0-30 Days:** \_\_\_\_\_ **31-60 Days** \_\_\_\_\_ **61-90 Days** \_\_\_\_\_ **91 + Days:** \_\_\_\_\_  
**Customer for how long?** \_\_\_\_\_ **Pays in** \_\_\_\_\_ **Days**  
**Amount of Customer's Invoices You Wish to Factor Monthly:** \$ \_\_\_\_\_

**Name of Business:** \_\_\_\_\_  
**Type of Business:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Average Invoice Amount: \_\_\_\_\_ Credit Terms: \_\_\_\_\_

Total Credit Offered Last 12 Months: \$ \_\_\_\_\_

Dollar Volume of Receivables Outstanding for:

0-30 Days: \_\_\_\_\_ 31-60 Days \_\_\_\_\_ 61-90 Days \_\_\_\_\_ 91 + Days: \_\_\_\_\_

Customer for how long? \_\_\_\_\_ Pays in \_\_\_\_\_ Days

Amount of Customer's Invoices You Wish to Factor Monthly: \$ \_\_\_\_\_

Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Average Invoice Amount: \_\_\_\_\_ Credit Terms: \_\_\_\_\_

Total Credit Offered Last 12 Months: \$ \_\_\_\_\_

Dollar Volume of Receivables Outstanding for:

0-30 Days: \_\_\_\_\_ 31-60 Days \_\_\_\_\_ 61-90 Days \_\_\_\_\_ 91 + Days: \_\_\_\_\_

Customer for how long? \_\_\_\_\_ Pays in \_\_\_\_\_ Days

Amount of Customer's Invoices You Wish to Factor Monthly: \$ \_\_\_\_\_

12. How Many Other Customers Do You Wish to Factor Initially? \_\_\_\_\_

Total \$ Amount: \_\_\_\_\_ By What Date: \_\_\_\_\_

13. Other Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
I/We hereby authorize you, to whom this application is made, or your agents, to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, etc., as you deem necessary. I/We grant perspective factor the right to procure any and all credit reports pertaining to any party to this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_