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CONFIDENTIAL PERSONAL PROFILE

**THIS INFORMATION IS STRICTLY CONFIDENTIAL.
THE SUBMISSION OF THIS APPLICATION DOES NOT OBLIGATE YOU
OR INFORMATION TECHNOLOGIES FUNDING & SUPPORT (ITFS)
IN ANY WAY OR MANNER.**

***NOTE:** If your business is a partnership or corporation with multiple shareholders, each partner or shareholder is required to complete a separate Confidential Personal Profile.*

Please Print or Type

| | | | | | | | | | | | | |
|--|---|--|---|---|--|--------------------------------|-----------------------------------|--------|-------------------------------------|--|-------------------------------------|--|
| BUSINESS INFORMATION | Legal Business Name: | | | | Date of Application: | | | | | | | |
| | Business Street Address: | | | | | | Years In Business: | | | | | |
| | City: | | | State: | | | Zip: | | | | | |
| | Business Phone: | | | | Business Fax: | | | | | | | |
| | Partnership: <input type="checkbox"/> | | Sole Proprietor: <input type="checkbox"/> | | LLC: <input type="checkbox"/> | | S Corp: <input type="checkbox"/> | | C Corp: <input type="checkbox"/> | | | |
| | Other Business Names (DBA's): | | | | | | | | | | | |
| | What Percent of Above Business Do You Own? | | | | | Your Title: | | | | | | |
| | Date of Incorporation: | | | State of Incorporation: | | | Tax ID Number: | | | | | |
| | Additional Owner's Name(s) | | | | Title | | Percent of Business Owned | | | | | |
| | | | | | | | % | | | | | |
| | | | | | | | % | | | | | |
| | Your Certified Public Accountant: | | | | | Phone: | | | | | | |
| | Are You Currently: | | <input type="checkbox"/> Self-Funded | | <input type="checkbox"/> Bank Financed | | <input type="checkbox"/> Factored | | <input type="checkbox"/> Funded | | <input type="checkbox"/> Other | |
| | By Whom: | | | | Percentage Advanced: % | | Available Credit Line: \$ | | | | | |
| | Check All That Apply: | | <input type="checkbox"/> Liens | | <input type="checkbox"/> Judgments | | <input type="checkbox"/> Lawsuits | | <input type="checkbox"/> Back Taxes | | <input type="checkbox"/> None Apply | |
| | Employee Breakdown | | TOTAL | | 1099 | | W-2 | | | | | |
| | | | | | | | | | | | | |
| | Is Payroll Outsourced? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | By Whom: | | | | | | |
| | Are All Payroll Taxes Current? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | How Much? \$ | | | Agency: | | | | | |
| | Receivables Balance | 1-30 Days: | | 31-60 Days: | | 61-90 Days: | | Total: | | | | |
| | | | | | | | | | | | | |
| Average A/R Days Outstanding (DSO): | | | | | | | | | | | | |
| Clients Approve Work By: | | <input type="checkbox"/> Signed Timecard | | <input type="checkbox"/> Electronically | | <input type="checkbox"/> Other | | | | | | |
| Can You Supply Timecards For Each Invoice? | | | | | | | | | | | | |
| How Soon Would You Like To Start Funding? | | | | | | | | | | | | |

| | | | | | | | | |
|----------------------------------|------------------------------------|----------------------|-----------|------------------------------|------------------------------------|-------------------------|---------|--------------|
| SALES/PRODUCT INFORMATION | Total Billing/Volume Last Year: \$ | | | | Year-To-Date Billing Volume: \$ | | | |
| | Current Monthly Billing Volume: \$ | | | | Current Monthly Payroll Volume: \$ | | | |
| | Number of Current Clients: | | | Average Gross Profit: _____% | | Average Mark Up: _____% | | |
| | Service Line Breakdowns | Contract Consultants | Technical | Clerical | Light Industrial | Professional | Medical | Locum Tenens |
| | % | % | % | % | % | % | % | % |

| | | | | | | | | | |
|---|--|----|----------------------------|--------------------|-------|------------------------------|-----------------------------|----------------------|------|
| PERSONAL INFORMATION | Legal Name: | | | Social Security #: | | | Date of Birth: | | |
| | Home Address: | | | | City: | | State: | | Zip: |
| | Home Phone: | | Email Address: | | | How Long At Current Address: | | | |
| | Previous Address (If At Current Less Than Five Years): | | | | | | | | |
| | Spouse's Name: | | | Social Security #: | | | Date of Birth: | | |
| | Employment History | | | | | | | | |
| | From | To | Name & Location of Company | | | Position | | Last Annual Earnings | |
| | | | / | | | | | \$ | |
| | | | / | | | | | \$ | |
| | | | / | | | | | \$ | |
| | Current Annual Income | | | Applicant | | | Spouse | | |
| | Salary | | | \$ | | | \$ | | |
| | Bonuses & Commissions | | | \$ | | | \$ | | |
| | Other Income | | | \$ | | | \$ | | |
| | Total | | | \$ | | | \$ | | |
| If You Answer Yes To Any Question Below, Please Attach An Explanation. | | | | | | | | | |
| Are You Now, Or Have You Ever Been A Party To Any Litigation? | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Have You Ever Declared Bankruptcy? | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Are There Any Unsatisfied Judgments Or Tax Liens Against You? | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Are You A Guarantor On Any Loans, Leases, Or Contracts? | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

| | | | | | |
|-------------------------------------|--|----------------|---------------------|--------------|-----------------|
| PERSONAL LIQUID ASSET DETAIL | Banking (Checking And Personal Savings Accounts) | | | | |
| | Bank Name/Location | Account Number | Bank Officer's Name | Phone Number | Current Balance |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | Total | \$ |

| | | | | | | |
|---|---|--|----------|---------------|-----------------|-----------------|
| PERSONAL LIQUID ASSET DETAIL (CONTINUED) | Cash On Hand And Other Liquid Assets (Include Accounts Receivables That You Are Personally Funding) | | | | | |
| | Description | | | | Current Balance | |
| | Business A/R Funded On Own | | | | \$ | |
| | Other – Explain | | | | \$ | |
| | Other – Explain | | | | \$ | |
| | Total | | | | | |
| | Mutual Funds, Stocks, Bonds, U.S. Government Securities, And Real Estate | | | | | |
| | Description | | Due Date | Broker's Name | Phone Number | Current Balance |
| | 401(K), Retirement Funds, IRA | | | | | \$ |
| | | | | | | \$ |
| | Home Value | | | | | \$ |
| | Total | | | | | |
| | TOTAL PERSONAL ASSETS | | | | | |
| | Exclude Any Personal Effects Such As Jewelry, Antiques, Etc. | | | | Total | \$ |

| | | | | | |
|------------------------------------|---|-------------|---------------|----------------|-----------------|
| PERSONAL LIABILITIES DETAIL | Notes And Loans Payable That You Owe (Including Real Estate) | | | | |
| | Payee Name | Loan Number | Maturity Date | How Guaranteed | Current Balance |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | Total | | | | \$ |
| | Other Liabilities (Include Credit Cards With Balances Over \$3000.00) | | | | |
| | Description | | | | Current Balance |
| | | | | | \$ |
| | | | | | \$ |
| | Home Mortgage (Including Equity Loans) | | | | \$ |
| Total | | | | \$ | |
| TOTAL PERSONAL LIABILITIES | | | | | |
| | | | | \$ | |

| | | | |
|------------|---|--------------|----|
| NET | Total Personal Assets Minus Total Personal Liabilities | Total | \$ |
|------------|---|--------------|----|

The Undersigned Hereby Certifies That All Statements Contained Herein Are Complete And Correct And That I Know Of No Circumstances, Which Could Affect My Ability To Enter Into An Agreement With Information Technologies Funding & Support (ITFS). I Hereby Authorize ITFS And It's Agents And Representatives To Obtain An Investigative Report. I Understand That Such A Report May Contain Information As To My Background, Mode Of Living, Character, Credit Worthiness, Financial Condition, And Personal Reputation. This Authorization, In Original Or Copy Form, shall be valid for this application, during the term of any Agreement between the parties Or Any Renewal Or Extensions, Thereof; And In The Event _____ Owes ITFS Any Money. The Completion Of This Form Does Not Place You Or ITFS Under Any Obligation To Enter Into An Agreement.

| | | | |
|-----------------|------|----------------------|------|
| Signature - | Date | Spouse's Signature - | Date |
| Print Signature | | Print Signature | |