

# Direct Funding Source

P.O. Box 1470 Boring, Oregon 97009

## Factoring Customer Profile Form

Questions about how  
to complete this form?  
Call 503.663.3590  
(9 am to 5 pm PST))

Return this form via fax:  
707.667.1692

### Organization

|                          |  |                      |
|--------------------------|--|----------------------|
| EXACT LEGAL COMPANY NAME |  | D/B/A (IF APPLIC)    |
| ADDRESS                  |  | PHONE                |
| CITY, STATE, ZIP         |  | FAX                  |
| CONTACT NAME             |  | E-MAIL ADDRESS       |
| COUNTY                   | <input type="checkbox"/> CORP <input type="checkbox"/> LLC <input type="checkbox"/> PTNRSHP <input type="checkbox"/> SOLE PROP |                      |
| STATE OF REGISTRATION    | WHEN REGISTERED  | TAX ID # (MANDATORY) |
| BUSINESS DESCRIPTION     |  |                      |

### Officers - Business Information

|                                       |              |              |
|---------------------------------------|--------------|--------------|
| PRESIDENT                             | VICE PRES.   | SECRETARY    |
| SOCIAL SEC #                          | SOCIAL SEC # | SOCIAL SEC # |
| HOME ADDRESS OF PRESIDENT (MANDATORY) |              |              |

### Banking & Financial Information

|  |                        |
|--|------------------------|
| BANK NAME AND BRANCH ADDRESS   |                        |
| CONTACT NAME   | TELEPHONE              |
| ACCOUNT NUMBER   | ABA ROUTING NUMBER     |
| ARE COMPANY TAXES UP TO DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF NO, HOW MUCH DUE? | PAYMENT PLAN IN PLACE? |

### Receivable & Contract Information

|   |                                   |
|---|-----------------------------------|
| AVERAGE SIZE OF INVOICE   | ESTIMATED MONTHLY BILLING AMOUNT? |
| ARE RECEIVABLES PLEDGED AS SECURITY ELSEWHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF SO, TO WHOM? EXPLAIN: |                                   |

### Listing Of Principal Accounts / Clients

| NAME OF CLIENT | CITY, STATE, ZIP | TELEPHONE | AVG MONTHLY BILLING |
|----------------|------------------|-----------|---------------------|
|                |                  |           |                     |
|                |                  |           |                     |
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|                |                  |           |                     |

### Origination Agreement

The undersigned, at the initiation of its relationship with Direct Funding Source warrants that there are no Local, State or Federal Tax Liens, or previous UCC filings against its current or future accounts receivable, and may be required to pay a deposit, which deposit shall be applied to the cost of filing UCC-1 financing statement(s) or any other public records required by "DFS" to comply with applicable state or federal laws. The undersigned further grants "DFS" and it's affiliates authority to sign it's name on UCC-1 Financing Statement(s) in order to effect filings according to the tenor of any and all current and future Purchase and Sale agreements, and/or any loan documents that may be executed by the parties or for any debtor notifications necessary to inform undersigned's account debtors of any and all assignments. Undersigned further agrees that it will not further encumber the assets set forth in the Purchase & Sale Agreement or other Security Agreement or increase the indebtedness thereon, or transfer or assign said assets except in the ordinary course of business.

In addition, the undersigned shall be responsible to reimburse "DFS" for expenses actually incurred on behalf of the undersigned including, but not limited to Federal Express charges, credit investigations, lien searches, and periodic tax lien searches.; "DFS" and it's affiliates shall be authorized to deduct all such expenses from any moneys it shall be holding to the credit of the undersigned.

|           |            |             |      |
|-----------|------------|-------------|------|
| SIGNATURE | PRINT NAME | PRINT TITLE | DATE |
|-----------|------------|-------------|------|