

PRESTAR, LLC
An Ohio Limited Liability Company

APPLICATION

If space is not sufficient for information requested, or if multiple responses are available, please include such items on additional information fields or on the back of the paper application.

Company Name	
DBA	
Company Web Address	
Fed Tax ID or SSN	
Company Structure/Form/Entity-type	
State Organized or Incorporated & Date of Same	
Date Company Started and Years Owned/In Business Since	
Number of Employees	
Description of products or services provided	
Street Address	
City, State, Zip	
Mailing Address	
City, State, Zip	
Contact Name	
Contact Title	
Contact Phone Number	
Other Business Locations	

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Amount and Type of Financing Requested

Amount Requested \$ _____	Purchase Financing (Loan) _____
	Revolving Line of Credit (Loan) _____
	Sale of Invoices to Immediate Cash (Asset Sale) _____

Owner Information

Name		% Owned	Home Address			
SSN	Date of Birth	Title	City, State, Zip			
Home Phone	Business Phone	Cell Phone	Personal Email	Driver's License	State	
Name		% Owned	Home Address			
SSN	Date of Birth	Title	City, State, Zip			
Home Phone	Business Phone	Cell Phone	Personal Email	Driver's License	State	

Credit Card Deposits

Yearly Gross Revenue (all sources)	Number of Credit Card Transactions Per Year	Terminal Type
Average Credit Card Receipt	Average Credit Card Revenue Per Month	Proceeds to be used for
\$ _____	\$ _____	
Processing Company		Point of Sale Provider

Billing Information

Average Monthly Billing (\$)	Desired Factoring Amount (\$)	Average Invoice Size (\$)	
Largest Invoice (\$)	Smallest Invoice (\$)	Do You Bill in Progress Stages?	
		Yes No	Any of Your Sales Bill and Hold? Yes No

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Existing Accounts Receivable Financing

Funding Company (Please provide a copy of the most recent financing statement)			
Amount Funded	Rate	Current Balance	Date Funded

Additional Available Collateral

Description of additional available collateral (include owner info)	Estimated value of additional collateral
Total amount of collateral offered	Describe any other liens on the collateral

Financial Information

Do you have any outstanding loans and/or advances? Yes No	Are your inventory/receivables pledged as collateral? Yes No	
Name of Financial Institution(s) and Loan Officer (s)	Loan Amount(s) and Term(s)	
Are your Federal, State, and Payroll taxes current? Yes No (If "yes," skip to the next section. If "no," answer the next questions)	Have any liens been placed? Yes No	If yes, are you on a payment plan?
Federal taxes owed (total \$)	Monthly payment under plan (\$)	

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Customer Information (List your 6 Largest Customers and provide invoices for the preceding 6 months)

	Customer No. 1	Customer No. 2	Customer No. 3
Company Name:			
Contact Name:			
Address:			
City/State/Zip:			
Phone:			
Email:			
Payment Terms:			
Current Balance:			
Number of payment defaults in last 18 months			
Number of past due invoices (>30 days)			

	Customer No. 4	Customer No. 5	Customer No. 6
Company Name:			
Contact Name:			
Address:			
City/State/Zip:			
Phone:			
Email:			
Payment Terms:			
Current Balance:			
Number of Payment defaults in last 18 months			
Number of past due invoices (>30 days)			

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Landlord Reference (if lease or rent)

Landlord		Contact		Phone		Fax	
Lease Start Date	Length of Contract	Monthly Payment Amount		Square Feet		Building Type	

Mortgage Reference (if own)

Mortgage Holder		Contact		Phone		Fax	
Mortgage Start Date	Length of Contract	Monthly Payment Amount		Square Feet		Building Type	

Trade and Bank References

Supplier		Contact		Phone		Fax	
Supplier		Contact		Phone		Fax	
Supplier		Contact		Phone		Fax	
Bank		Contact		Phone		Fax	
Address				City, State, Zip			
Branch		Account Number			Type of Account		
Bank		Contact		Phone		Fax	
Address				City, State, Zip			
Branch		Account Number			Type of Account		

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Representations

(If the answer to each question is no, initial next to the answer. If the answer is yes, explain and provide additional information)

Within the past 7 years have you filed for bankruptcy protection, made an assignment for the benefit of creditor, been in receivership, or other form of business reorganization?	
No _____	Initials _____
Yes _____	If yes or if any of the above is being considered please explain.
Are you more than 10 days past due with your landlord or mortgage holder?	
No _____	Initials _____
Yes _____	If yes please explain.
Are there any outstanding, pending, or threatened lawsuits, tax liens, judgments, or foreclosure notices against the business, its principals, and/or guarantors? If yes, please specify.	
No _____	Initials _____
Yes _____	If yes please explain.

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Authorization

On behalf of myself and the applicant organization: We certify that the information contained in this application is properly authorized and that the information in the application is true and accurate. We promise to supplement this information, inform Prestar, LLC ("Prestar"), its officers and agents, of any change in the information and recertify the accuracy of all information provided. We authorize Prestar to acquire any and all available financial, credit and business data regarding the applicant, owners and any guarantors available from any source and authorize these data sources to release such data to Prestar. This authorization includes the release of any consumer credit data that may be available regarding applicant and its owner(s) as may be permitted by the Fair Credit Reporting Act. We acknowledge that the information provided will be relied upon, that this application is asking Prestar to consider a possible purchase of the applicant's future receivables, and that no promises have been made to us prior to making this application.

WE REPRESENT AND PROMISE THAT THE PURPOSE OF THIS APPLICATION AND THE MONEY OBTAINED FROM ANY LOAN OR SALE HEREUNDER WILL BE ONLY FOR COMMERCIAL PURPOSES AND NOT FOR ANY CONSUMER, PERSONAL, FAMILY, OR HOUSEHOLD PURPOSES.

WE UNDERSTAND THAT SUBMITTING FALSE INFORMATION MAY SUBJECT US TO CRIMINAL PROSECUTION UNDER TITLE 18, USC CHAPTER 63.

Applicant's Name (printed)

Signature

Signer's Name

Title

Date

PRESTAR, LLC
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Owner(s)

Owner's Name (printed)

Signature

Date

Owner's Name (printed)

Signature

Date

Owner's Name (printed)

Signature

Date

Owner's Name (printed)

Signature

Date

**APPLICANT AND OWNER(S) WILL BE ASKED TO RECERTIFY THIS INFORMATION IF THIS
APPLICATION IS APPROVED.**

*****Please email the completed application and three months of bank
statements to support@backingyourbusiness.com*****