



Continuous Cash Flow, llc

Working Capital That Keeps You Working.

P.O Box 265 • Lyndhurst, NJ 07071

Ph: 201-460-7469

Fax: 201-460-7190

Email: Info@ContinuousCashFlow.Net

<http://www.continuouscashflow.net>

Thank you for considering Continuous Cash Flow, LLC.

Our company provides accounts receivable factoring for start-ups and companies in a growth stage. In order to qualify, your business has to generate invoices for products or services that have been completed and accepted by your commercial or governmental customers.

INSTRUCTIONS

Our Factoring Application can be filled in directly on your computer and saved for your convenience. Include the additional documents that are required on the signature page. We will be unable to provide any financial accommodations until all the requested information is received. In the case of a start-up company some of the financials might be unavailable. That's okay; we will work with you and ask for other information to satisfy the requirements.

INITIAL PHASE

Upon receiving the completed application, we can begin our preliminary due diligence and within three (3) business days we will submit to you our proposal letter*. The proposal will outline the terms and conditions of our factoring relationship, and also the factoring rates and other expenses. The whole factoring process usually takes five (5) to ten (10) business days after we receive the signed proposal letter. Once we receive the proposal along with the appropriate deposit, we will produce contracts based on these terms and send them to you. After the contracts are signed we will be ready to provide funding. The best part about our program: after this initial phase you will receive funds for submitted accounts within 48 hours of verification!

At this point we will not contact any of your customers. We will perform preliminary due diligence by analyzing the information provided.

NO UP-FRONT APPLICATION FEE[†]

Mail the application and supporting documents to the address above. Should you have any questions or concerns please call (201) 694-8883. We look forward to helping you reach your goals.

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* *The proposal letter will include the costs associated with the actual expenses incurred in connection with such review and approval process and will become due along with the signed proposal letter.*

† *If your company is not eligible for factoring or you decide for any reason at anytime you do not wish to proceed with factoring you will be billed separately for actual expenses incurred in connection with such review and approval process.*



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ACCOUNTS RECEIVABLE FACTORING APPLICATION

1. Legal name of Business (as shown on the Articles of Incorporation or Partnership Agreement)

_____ Federal I.D. # _____ - _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact: _____ Position: _____

Phone Number: _____ Fax Number: _____

Email: _____ Website: _____

2. Address of Chief Executive Office if different from above:

Address: _____ City: _____ State: _____ Zip Code: _____

Length of time at above address: _____ Does Company own or lease any real property? Own Lease

If leasing provide Landlord name and phone #: _____

4. Check one: Proprietorship Partnership Corporation LLC Other _____

5. What year was the business established? _____ What state was the business formed? _____

6. List previous name(s)/trade names of business: _____ Type of business: _____

SHAREHOLDERS, OWNERS AND PARTNERS

(Submit a copy of drivers license and social security card for each shareholder, owner and partner.)

1. Full Legal Name: _____ DOB: _____ S.S. #: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Percent of business ownership: _____

U.S. Citizen Yes No; If No, A #: _____

2. Full Legal Name: _____ DOB: _____ S.S. #: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Percent of business ownership: _____

U.S. Citizen Yes No; If No, A #: _____

(Attach if there are additional shareholders, owners or partners.)

SALES

1. Do any of your customers require you to carry insurance? Yes No; If Yes, briefly explain: _____

2. Annual sales volume? _____ # of active customers: _____

3. Do you provide credit to your customers? Yes No; If Yes, what are the terms: _____

INSURANCE

1. Insurance Agent's Name: _____ Phone Number: _____
Address: _____ City: _____ State: _____ Zip Code: _____
2. Coverage: Inventory \$ _____ Equipment \$ _____ Building \$ _____
Liability \$ _____ Other: _____ \$ _____

FINANCIAL

(List general business account only.)

1. Business Account #1: _____ Account Holders Name: _____
Bank: _____ Phone Number: _____
Branch Address: _____ City: _____ State: _____ Zip Code: _____
2. Business Account #2: _____ Account Holders Name: _____
Bank: _____ Phone Number: _____
Branch Address: _____ City: _____ State: _____ Zip Code: _____
3. Have you previously financed/factored your accounts receivable? Yes No
If Yes, Name of previous finance company: _____ Date: _____
Contact Name: _____ Phone Number: _____
4. Do you have any outstanding loans? Yes No; If Yes, Name of Institution: _____
Present Balance _____ Security: _____ Account #: _____

(Attach additional loans and security interests.)

TAXES

1. Are the federal, state, and payroll/employment taxes current? Yes No
If No, please list amount(s) owed and what for: Balance Owed \$ _____ for _____
2. State Tax ID #: _____ Number of Employees: _____ Average weekly Payroll: _____

GENERAL

1. Has the business/partners/officers/owners previously been involved in any type of litigation, lawsuit or bankruptcy in the past seven (7) years? Yes No If Yes, please describe: _____
2. Has the applicant or any of its Principals, Shareholders, or Partners ever been convicted of a felony? Yes No
3. Any judgments or liens placed on the business or its assets? Yes No; If Yes, explain: _____
4. Company's Attorney: _____ Firm: _____ Phone #: _____
5. Company's Accountant: _____ Firm: _____ Phone #: _____
6. List all previous businesses owned and operated by each applicant for the past seven (7) years: _____
7. Do you buy from, sell to or use the services of any concern in which someone in your company has a financial interest?
Yes No; If Yes, please describe: _____

