

Chicago IL Ph: 312.778.6300

Email: info@jovaicapital.com

www.jovaicapital.com

Financing Application

Requested Facility Size: \$	Projected Annual Sales: \$		
Referred by:	Current Amount of Open A/R:		
GENERAL BUSINESS INFORMATION			
Legal Name(s) of Business:			
Trade Name(s) of Business:			
Business Description:			
Intended Use of Proceeds:Primary Business Address:	City: State: Zip:		
	City: State: Zip:		
Business Phone Number:	State of Organization:		
Legal Form of Business:			
Federal Tax ID#:			
Primary Business Contact:	Title:		
Telephone #: Cell #: Email Address:	: Fax #:		
Casandam Dusinasa Cantastu	Tiales		
Secondary Business Contact: Cell #:	Title: : Fax #:		
Email Address:			
LENDING RELATIONSHIP			
Length of Re	lationship: Line Limit:		
	City: State: Zip:		
Factor Contact:	Factor Tel #:		
OWNER/OFFICER/PARTNER INFORMATION			
Em	nail Address:		
Street Address:	City: State: Zip: ense #: Ownership %:		
Social Security # Driver's Lice	ense #: Ownership %:		
Position: DOB: Ho	ome Tel #: Cell Tel #:		
Prior Addresses Within Last 10 Years:			



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Name:		Email Address:			
Street Address:		City:	State:	Zip:	
Social Security #	Driver's License #:		Owner	ship %:	
Position:	DOR.	Home Tel # [.]	Cell Tel #		



JOVAI CAPITAL COMMERCIAL LENDING



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AUTHORIZATION TO OBTAIN INFORMATION

Principal

Name:

We authorize JoVai Capital (JVC) to obtain whatever information regarding employment, bank accounts, and/or outstanding credit (mortgage, auto, personal, home improvement, charge cards, credit unions, etc.) that JVC deems to be necessary in connection with this application or in the course of review or collection, of any credit extended in reliance on this application. We authorize and instruct any consumer credit agency, commercial credit reporting agency, business or person to compile and furnish to JVC any such information regarding us or our business(es) as may be requested by JVC and agree that such information, along with this application, shall remain JVS's property whether or not the application is approved.

This authorization will be valid for a period of two years from the date below or as long as the applicant has an outstanding balance with JVC. A photocopy of this authorization will be valid as the original. We authorize JoVai Capital to verify or check any of the information given, including credit references and employment and to obtain credit bureau reports as JoVai Capital deems necessary.

We hereby authorize JVC to record UCC1 financing statements in any jurisdiction which it deemsappropriate.

The statements made in and documents attached to this application are true and accurate. We sign this application under penalty of perjury. We acknowledge that JVC will rely on this information to provide money to us. Each of the undersigned has read this application and the documents attached to it and are authorized to sign in their respective positions set forth below.

If you have forwarded this application to us electronically, this will act as your signature and authorization to proceed with our analysis. If you wish to add your electronic signature, please proceed to the non-required signature fields below.

Principal	Name:	Date:		
Principal	Signature:	Title:		
Principal	Name:	Date:		
Principal	Signature:	Title:		
Please attac	ch the following documentation to e	xpedite the approval process and		
return to in	nfo@jovaicapital.com			
_ Business P&L and Balance Sheet		_ Copy of Driver's License for all Principals of Company		
(previous two	years, current interim year and projections)	_ Copies of Invoices you want to finance		
_ Accounts Payable Aging		_ Business Tax Returns (previous two years)		
_ Detailed Ac	counts Receivable Aging by invoice	Customer List with names, addresses, zip codes and phone numbers		