



RECEIVABLES PURCHASE APPLICATION FORM

Client Information

Legal Name of Business: _____ Trade Name (DBA): _____

Legal Form of Business: Sole Proprietorship Partnership Corporation Other: _____

Street Address: _____ Phone: _____ Website: _____

City: _____ Province: _____ Postal Code: _____

Business Phone: _____ Date Established: _____ Number of Employees: _____

Nature of your product or service: _____

Subsidiaries:	
Affiliates:	

Primary Contact: _____ Title: _____

Email: _____ Cell: _____

Banking and Insurance Information

Bank Name: _____ Street Address: _____

City: _____ Province: _____ Postal Code: _____

Name of Relationship Manager: _____

Contact: _____ Since: _____ Phone: _____

Operating Accounts: _____

Credit Facility Details	
Type	Amount
Short-term Loans	
Long-term Loans	
Operating Line	
Trade Finance Line	
Term Facility (Prop and/or FA)	
Equipment Leases	

Officers/Directors/Partners/Principals Information

Officers, Directors, Partners and Principals - Complete the following information, add more pages if needed

Officer/Director/Partner/Principal #1

Full Name: _____ Title: _____ % Ownership: _____
Home Address: _____ City: _____ Province: _____ Postal Code: _____
Phone: _____ SIN#: _____ Date of Birth: _____
Position (Check all that apply): Officer Director Partner Proprietor Other: _____

Officer/Director/Partner/Principal #2

Full Name: _____ Title: _____ % Ownership: _____
Home Address: _____ City: _____ Province: _____ Postal Code: _____
Phone: _____ SIN#: _____ Date of Birth: _____
Position (Check all that apply): Officer Director Partner Proprietor Other: _____

Officer/Director/Partner/Principal #3

Full Name: _____ Title: _____ % Ownership: _____
Home Address: _____ City: _____ Province: _____ Postal Code: _____
Phone: _____ SIN#: _____ Date of Birth: _____
Position (Check all that apply): Officer Director Partner Proprietor Other: _____

Officer/Director/Partner/Principal #4

Full Name: _____ Title: _____ % Ownership: _____
Home Address: _____ City: _____ Province: _____ Postal Code: _____
Phone: _____ SIN#: _____ Date of Birth: _____
Position (Check all that apply): Officer Director Partner Proprietor Other: _____

Officer/Director/Partner/Principal #5

Full Name: _____ Title: _____ % Ownership: _____
Home Address: _____ City: _____ Province: _____ Postal Code: _____
Phone: _____ SIN#: _____ Date of Birth: _____
Position (Check all that apply): Officer Director Partner Proprietor Other: _____

Required Documentation

Please check off boxes confirming required documents are attached

- Ownership Description and Structure (e.g., list details of shareholders and related company structures)
- Business Organizational Chart
- Copies of charter documents including incorporation certification, Articles of Incorporation, by-laws, and name certificate
- Board resolution authorizing the transactions herein contemplated is certified to be true and completed by an officer of the company
- Copies of Driver's License or applicable ID for respective Company Officer(s)
- Last two years of audited financial statements (Balance Sheet, Income Statement)
- Most recent interim financial statements
- Detailed Accounts Receivable Aging Report by Customer
- Detailed Accounts Payable Aging Report
- Past Due Report
- Collections Report by Customer
- Summary note on history and relationship with each Customer
- Customer List with Contact Names, Address, Phone Numbers, and Email Addresses
- Copy of Customer Contracts (Purchase Order, Commercial Invoice)
- Details of shipping process
- Acceptance Confirmation Process (Email or otherwise - evidence of debt to be established)

I hereby affirm the accuracy of the information provided and acknowledge that Elevate Capital will use this information to evaluate the request. As the legal undersigned, I grant authorization to Elevate Global Capital Corp. and its agents to gather information regarding my consumer credit history. This affidavit serves as my consent, allowing any credit reporting agency contacted by Elevate Global Capital Corp. or its agents to disclose all records pertaining to my information. Furthermore, I release Elevate Global Capital Corp., its employees, agents, and the entities providing information or reports about me from any liabilities arising from the disclosure of such information.

Signed By: _____ Title: _____ Signature: _____ Date: _____

Completed Applications to be emailed to: info@elevatecapital.ca