

Client Profile



Catamount Finance, LP
 11777 Katy Freeway, Suite 270
 Houston, Texas 77079
 877-647-8577
 877-242-0422 fax
info@catamountfunding.com

THE COMPANY

Applicant (exact company name)

| | | | |
|---------------------|--------------------------------|---------------------------------------|---------------------------------------|
| Street Address | City | State | Zip |
| P.O. Box | City | State | Zip |
| Phone () | Fax () | | |
| Type of Business | State of Incorporation | Number Employees | |
| County located | Under Current Management Since | Date Started | |
| Charter Number | | <input type="radio"/> 'C' Corporation | <input type="radio"/> Sole Proprietor |
| Federal I.D. Number | | <input type="radio"/> Partnership | <input type="radio"/> S' Corporation |

OWNERSHIP INFORMATION

Please account for 100% ownership. Attach a separate page if necessary.

| | | | | |
|-----------------|------------|-------|------------------------|----------------|
| Officer/Partner | Ownership% | Title | Social Security Number | |
| Home address | City | State | Zip Code | Home Phone () |
| Officer/Partner | Ownership% | Title | Social Security Number | |
| Home address | City | State | Zip Code | Home Phone () |
| Officer/Partner | Ownership% | Title | Social Security Number | |
| Home address | City | State | Zip Code | Home Phone () |

BANKING/ PROFESSIONAL SERVICES

| | | | |
|------------|-----------------|-----------------|----------|
| Bank Name | Checking Acct.# | Loans? | (Yes/No) |
| Contact | Title | Tel. Number () | |
| Bank Name | Checking Acct.# | Loans? | (Yes/No) |
| Contact | Title | Tel. Number () | |
| Accountant | | Tel. Number () | |

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ACCOUNTS RECEIVABLE INFORMATION

ORDER ORIGATION: Contract Purchase Order Other

INVOICING METHOD: Progressive At Completion At Shipment At Delivery

Terms (I.e., 2/10, Net 30) Average Monthly Billings Average Invoice Size

| | As of (date) | Balance | Current | 30-60 days | 60-90 days | over 90 days |
|---------------------|--------------|---------|---------|------------|------------|--------------|
| ACCOUNTS RECEIVABLE | | | | | | |
| ACCOUNTS PAYABLE | | | | | | |

PLEASE USE THE AREA BELOW AND BACK OF THIS FORM TO GIVE EXPLANATIONS WHERE REQUESTED. PLEASE LIST EXPLANATIONS BY CORRESPONDING QUESTION NUMBER.

| | YES | NO | EXPLANATION |
|---|-----|----|-------------|
| 1. Has the company ever sold or pledged Accounts Receivable? (if yes explain) | | | |
| 2. Do you update customers credit limits on a regular basis? | | | |
| 3. Do you offer any unusual terms of sale? (if yes explain) | | | |
| 4. Do you have any consignment or guaranteed sales? (if yes explain) | | | |
| 5. Are there any liens on your accounts receivable or inventory? (if yes explain) | | | |
| 6. Has the company or any of its officers/owners filed for bankruptcy protection? (if yes explain) | | | |
| 7. Is the company or an of its owners delinquent on any Federal or State taxes? (if yes explain) | | | |
| 8. Is the company involved in or have pending any lawsuits or litigation? (if yes explain) | | | |
| 9. Does the company operate under any assumed names? | | | |
| 10. Does the company have any subsidiaries or is the Company a subsidiary of a parent company? (if yes explain) | | | |

EXPLANATIONS TO QUESTIONS 1 THROUGH 10 ABOVE (Please use back of this sheet if necessary)

CUSTOMER REFERENCES (Please list the largest)

| | | |
|--------------|------------------|----------------|
| Company Name | Phone Number () | Contact Name |
| Address | City | State Zip Code |
| Company Name | Phone Number () | Contact Name |
| Address | City | State Zip Code |
| Company Name | Phone Number () | Contact Name |
| Address | City | State Zip Code |

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VENDOR/SUPPLIER REFERENCES (Please list the largest)

| | | |
|--------------|------------------|----------------|
| Company Name | Phone Number () | Contact Name |
| Address | City | State Zip Code |
| Company Name | Phone Number () | Contact Name |
| Address | City | State Zip Code |
| Company Name | Phone Number () | Contact Name |
| Address | City | State Zip Code |

OPERATING FACILITIES

| | | |
|-----------------|------------------|--------------|
| Landlord's Name | Phone Number () | Contact Name |
| Term of Lease | Monthly Payment | |

Please provide the following when submitting this application. Please check if included.

- Detailed accounts receivable aging
- Client list including address and phone
- Most recent interim financial statement
- Last four Employer Quarterly Tax Returns with evidence of payment
- Detailed accounts payable aging
- Last two year end financial statements
- Last two year end tax returns
- Principal's personal financial statement(s)
- Copies of three actual invoices and all back-up
- Articles of Incorporation or organizational agreement
- Minutes of last Board Meeting (if available)
- Company brochure
- Business plan (if available)

REPRESENTATION

I, Individually and as an officer of the company, understand that Catamount Finance, LP (Catamount) will rely on the information provided in this application in its evaluation of the company's request. I hereby warrant that this information and any other information the company or I may supply represents a correct, complete and accurate disclosure of all requested information information on the company and does not omit any information, the omission of which would make the information misleading. I hereby authorize Catamount to share credit information about our company with its affiliates and related parties as permitted by law. I authorize banks, suppliers, customers and other parties listed in this application and related parties as permitted by law. I authorize banks, suppliers, customers and other parties listed in this application to release financial information and credit reports to Catamount Finance, LP. I further authorize Catamount to contact any other parties they may deem necessary for their investigation of this application and agree to hold Catamount harmless against any claims, direct or indirect that may result from receiving such information. I also understand that knowingly providing false or misleading information may constitute a criminal offense and agree to pay Catamount for any due diligence expenses incurred during the application process. Furthermore, I authorize you to act as my agent and Attorney In Fact to record and file a UCC-1 financing statement for the purpose of protecting your security interest in "all assets", and to cover any expenses associated with your due diligence process.

| | |
|--------------|-------|
| Signature | Date |
| Printed Name | Title |