LYON CAPITAL CORP.

APPLICATION FOR FACTORING AND FUNDING

1)	Company Name:	Subscriber	No
2)	Street Address: State:	Zip Code:	:
3)	Phone: Fax:	' Fed	leral I.D.:
4)	Date Company was established:		
5)	Line of Business:		
6)	Trade names and D/B/A/:		
7)	Company type: Corporation _ LLC _		Sole Proprietor 🔲
8)	President, Sole Proprietor or Partner: Home Address: City, State, Zip Code: % Owned Home Phone:		
9)	Vice President: Home Address: City, State, Zip Code: % Owned Home Phone:		
10)	Other Officer, Shareholder or Partner: Home Address: City, State, Zip Code: % Owned Home Phone: % Owned Home Phone:	Social Security Number:	
11)	 Does the Applicant or Principal(s) have any: Judgements <a>Liens Yes <a>No If Yes, check all those app 	licable and please attach	details:
12)	Bank: Branch:	Acct. #:	
	Contact:		
Per	mission to Contact your Bank: Signed:	Date:	
14)	Do you have a bank loan or line of credit? Yes Your normal terms to your customers Annual Sales volume \$		
16)	Have you factored before? Yes 🔲 No 🔲	If "Yes", with whom?	
17)	Who will be our contact at your office?		
18)	Are you a current client of Lyon Credit Service?	Yes 🔲 No 🛄	
No	te: Please include copy of most current balance sh	eet and P & L.	
bythe	The above statements are true and accurate to the best of my infor y information regarding this application for the purpose of a credit in a undersigned does not obligate Lyon Capital Corp. to provide any fina- e an initial Financing Statement under the UCC guideliness.	vestigation. I understand that the su	bmission of this Application
Sig	ned:	Da	te:

Please Print Na	me:
-----------------	-----

Email:

Title