



A Division of Terrafina Group LP
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A96.01 SELLER'S APPLICATION

Please provide us with the following background information on yourself and your company.

<p>1. Business Name (as in Articles of Incorporation/Organization, or Certificate of Limited or General Partnership) _____</p> <p>2. Assumed/Fictitious Business Name (if any) _____</p> <p>3. Is the Business Incorporated/Organized <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Business Form: <input type="checkbox"/> Corp. <input type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> GP <input type="checkbox"/> Sole Proprietor</p> <p>5. When and Where Registered: Date _____ State _____ County _____</p> <p>6. Full Mailing Address (Head Office) _____ _____ Phone _____ Fax _____</p> <p>7. What Does the Business Do? _____</p>
<p>8. Applying Shareholder, Director, Officer, Member, Partner: Full Name _____ Social Security No. _____</p> <p>Full Home Address _____ Home: Own <input type="checkbox"/> Rent <input type="checkbox"/> Phone _____ Cell _____</p> <p>Status: (Check All that Apply) <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Member <input type="checkbox"/> Partner Ownership Percentage _____%</p>
<p>9. Are you current with:- Federal and State Income Tax? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Amount in Arrears \$ _____ State and Local Sales Tax? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Amount in Arrears \$ _____ Employee Deductions? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Amount in Arrears \$ _____</p>
<p>10. Name of Company Bank _____ How Long with Bank? _____</p> <p>11. Full Mailing Address _____</p> <p>12. Account Number _____ Name of Bank Officer _____ Phone _____</p>
<p>13. Total Amount of Receivables Now Open \$ _____ Average Monthly Sales? \$ _____</p> <p>14. Approximate Number of Active Customers _____ Terms of Sale _____</p> <p>15. Are You Discounting Receivables Now or in the Past? Yes _____ No _____ If Yes, With What Company? _____</p> <p>16. Are Receivables Pledged as Collateral? Yes ___ No ___ If Yes, to Whom? _____</p> <p>17. What Amount Do You Intend to Sell On a Monthly Basis? \$ _____</p>

The undersigned hereby warrants that all of the above information is true and correct in every aspect. The undersigned further hereby warrants that all financial statements accurately represent in every respect, the true and correct financial condition of the parties that are the subject of this application. The undersigned hereby authorizes The Interface Financial Group to gather and use, from time to time, without the undersigned's knowledge, any and all financial and/or credit information relating to the business entity that is the subject of this application that can be obtained from any source whatsoever including, but not limited to, banks, trade associates and creditors. The undersigned also hereby authorizes The Interface Financial Group to investigate the personal credit history of the undersigned and obtain credit bureau reports on the undersigned from time to time at The Interface Financial Group's sole discretion.

Dated _____ Signed _____
 Title _____