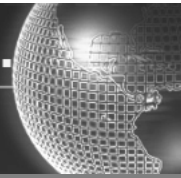


# Outsource Financial Services, Inc.

PO BOX 5172 Denver, CO 80217  
(303) 373-1808



## NEW ACCOUNT APPLICATION

LEGAL NAME OF COMPANY \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FEDERAL TAX ID NUMBER \_\_\_\_\_

TELEPHONE NUMBER (S) \_\_\_\_\_

FAX NUMBER (S) \_\_\_\_\_

MAILING ADDRESS:

PHYSICAL ADDRESS:

STREET ADDRESS SUITE/APT \_\_\_\_\_

STREET ADDRESS SUITE/APT \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

MC # \_\_\_\_\_

US DOT # \_\_\_\_\_

1. BUSINESS TYPE: (PLEASE check box)

2. BUSINESS START DATE \_\_\_\_\_

PARTNERSHIP  
CORPORATION

IN THE STATE OF \_\_\_\_\_

OTHER \_\_\_\_\_

3. HAS OWNERSHIP CHANGED WITHIN LAST TWO (2) YEARS? \_\_\_\_ IS SO, PLEASE DETAIL  
\_\_\_\_\_  
\_\_\_\_\_

4. HAS NAME OF BUSINESS CHANGED WITHIN LAST TWO (2) YEARS? \_\_\_\_

IF SO, PLEASE GIVE FORMER NAME \_\_\_\_\_

5. AVERAGE NUMBER OF INVOICES PER MONTH \_\_\_\_\_

6. AVERAGE DOLLAR AMOUNT OF SALES PER MONTH \_\_\_\_\_

7. TERMS OF SALE (NET 10, NET 30, ETC.) \_\_\_\_\_

8. ARE YOU CURRENTLY FACTORING? \_\_\_\_\_ IF YES, NAME OF COMPANY YOU

ARE CURRENTLY FACTORING WITH \_\_\_\_\_

9. ARE YOUR RECEIVABLES PLEDGED AS COLLATERAL? Y N \_\_\_\_\_

10. IF YES, TO WHOM \_\_\_\_\_

11. ARE YOUR TAXES CURRENT? \_\_\_\_\_

12. HOW DID YOU LEARN OF OUTSOURCE FINANCIAL SERVICES, INC.?

### Questions?

Call Aaron Rapaport @ 800-997-7330 ext.169

Or email completed application:

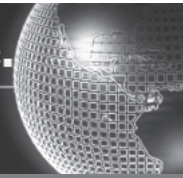
Aaron@outsourcefinancialservices.com

Fax-303-568-6942

Cell-303-947-6978

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## DISCLOSURE/RELEASE/AUTHORIZATION FORM

1. By this document Outsource Financial Services discloses to you that a consumer report may be obtained for lending purposes as part of the pre-screening background check and at any time during your factoring with OFS or affiliation.
2. This shall authorize the procurement of a consumer report by a credit reporting agency or other sources as part of the pre-screening background investigation. If accepted, this authorization shall remain on file and shall serve as an ongoing authorization for the named factor or its associates or other sources to procure consumer reports at any time during my affiliation or factoring relationship.
3. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my employment and educational background, criminal history, credit, workers comp claims, mode of living, character and personal reputation. I also understand you may make use of the internet including social networking sites. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.
4. In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus and persons to release information they may have about me to the person or company with which this form has been filed if required, or their agent. I further authorize you to secure an investigative consumer report at any time, and any number of times, before, during and after my employment, if in the company's (or its designees) discretion, it has a legally permissible and legitimate business need for the information requested.  
I release and hold harmless all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act. I authorize the employer and it's agent/credit reporting agency and all associated entities and its clients to receive any criminal history information or credit report pertaining to me in the files of any state or local criminal justice agency.

CA, MN, OK RESIDENTS ONLY: As part of a routine background investigation, we may request a consumer credit report from a consumer credit reporting agency or one of its associated companies. If we do so and you wish them to send you a free copy of this consumer credit report, please check here: \_\_\_\_\_.

My signature below also indicates that I have received a Summary of rights in accordance with the Fair Credit Reporting Act.

Applicant's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_ Other Names Used \_\_\_\_\_

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Current Address \_\_\_\_\_ City/Town \_\_\_\_\_

Zip Code \_\_\_\_\_ Previous address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_