



Client Profile

1. GENERAL INFORMATION

Who referred you to Bridgeport:

Complete Legal Name of Business:				Federal Tax ID#:	
Executive Office Address: - Please Provide Your Street Address (No PO Box)			City	State	Zip
Person to Contact: Name:		Cell Phone:	Company Phone		Company Fax
Email Address			Web Site Address:		Fiscal Date: (month/day)
Trade Name(s)				Trade Name(s) Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Line of Business (products/services company provides):				# of Employees	Annual Sales

2. ORGANIZATION Please indicate your Legal Form of Business, The State Organized, Year Organized, and your Organization ID with the State.:

<input type="checkbox"/> 'C' Corporation	<input type="checkbox"/> 'Sub S' Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> LLP	State of Organization	Year Organized	Organizational ID /#
<input type="checkbox"/> Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other: Describe:				

3. BUSINESS BANK ACCOUNT (Please attach copy of your most recent bank statement)

Bank Name:	Account Officer/Primary Contact	Telephone #:
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4. CURRENT LENDER AND/OR FACTOR (use additional pages if the company has multiple lenders)

Lender's Name:	Account Officer/Primary Contact	Telephone #:
Email:	Amount Owing	Type of Facility:
		Secured by:

5. PLEASE PROVIDE THE FOLLOWING SUPPLEMENTAL INFORMATION (check off items enclosed for review, and answer the following questions):

<input type="checkbox"/> Most recent detailed accounts receivable aging	<input type="checkbox"/> Most recent detailed accounts payable aging					
<input type="checkbox"/> Customer list, with phone numbers, addresses, and email	<input type="checkbox"/> Last year end company balance sheets and income statements, as is available.					
<input type="checkbox"/> Sample copy of invoice and back up we can expect	<input type="checkbox"/> Most recent interim company balance sheet and year to date income statement.					
<input type="checkbox"/> Photo copies of principle(s) driver's license or other photo ID	<input type="checkbox"/> Copy of Articles of Organization, Fictitious Name Filings, and operating agreements					
Any Consignment, Right of Return, End of Season or Similar Allowances? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Progress, Milestone or like billing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you buy from companies you also sell? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you invoice prior to shipment/delivery of goods or services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Average Monthly Sales	Average # Invoices / Month	Terms of Sale
Are your invoices supported by purchase orders, contracts or time slips? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please explain:						
Does the company, or its owners, officers, directors or guarantors have, or have had in the past any affiliation with any other business entity now or in the past five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:						
Does the company, or its owners, officers, directors or guarantors have, or have had in the past, been involved in any litigation, bankruptcies, judgments any active or satisfied liens, including tax liens or liens from lenders against any of its assets (exclude leased equipment), credit problems, criminal charges or convictions, or regulatory actions against them? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:						
Do the company, its officers, and or owners have any unpaid taxes including payroll, sales, income, or any other taxes or state, local or federal fees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:						
Are there any assignments of the proceeds? (Intercreditor agreements, interfactor agreements, ledger debt, tripartite agreements, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:						

6. OFFICERS, SHAREHOLDERS, & MANAGEMENT (use additional pages if necessary to list all principles and/or officers)

The following undersigned individuals hereby authorize Bridgeport Capital Services, Inc. to obtain credit report(s) and conduct background investigation(s):

Full Legal Name (Print)	Corporate Title	Social Security Number	Date of Birth	% Owned	Signature

Please Provide name and title of your Corporate Secretary: Name:	Title:
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I understand this is not an application for credit. The intent of this profile is for Bridgeport Capital Services, Inc. to determine if a relationship between you and us would be mutually beneficial. I certify that the information provided in this profile and the Supplemental Information required is true and correct as of the date of this profile. I authorize all credit, lien, other investigative searches as well as reference checks and any other investigations on the company and its Principals and Officers, and hereby irrevocably release you and hold you harmless from any claim of any kind related to or arising out of any such investigation. Further, I approve and accept financial responsibility to cover any costs you may incur in conducting your investigation. Upon request, you will provide us with an invoice of any costs you have expended on our behalf to conduct your investigation. I appoint you and your assigns as my agent and attorney-in-fact to sign and file UCC financing statements for protecting your security interest under any agreements and transactions relating to our firms. We will promptly notify you of any intended changes in the facts concerning our organization, name, places of business, authorities and other matters presented to you. I understand that any misrepresentations, fraudulent entries, or omissions on this profile and the Supplemental Information may be used for legal action.

Signed	Date	Print Name	Title
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ELECTRONIC SIGNATURES – This form may be e-signed by typing your name(s) in the "Signature" box(es) above. By typing your name(s) in the "Signature" box(es), your name(s) will be considered your legal signature(s) to this form.



AUTHORIZATION TO RELEASE CREDIT AND BACKGROUND INFORMATION

PLEASE WRITE LEGIBLY – USE ADDITIONAL PAGES AS NEEDED.

I/we the below undersigned individual(s) hereby authorize Bridgeport Capital Services, Inc. as servicing agent for Bridgeport Capital Funding, LLC to obtain personal credit report(s) and conduct background investigation(s) for each individual listed below including all credit, lien, other investigative searches as well as reference checks and any other investigations. I/we, certify that the information provided is true and correct, and I/we understand that any misrepresentations, fraudulent entries, or omissions on the application or the Supplemental Information may be used for legal action. Please Print Clearly.

Shareholder/ Owner #1

Print Full Legal Name		Corporate Title		Percent of Ownership:
Home Street Address		City	State	Zip Code
Social Security Number	Date Of Birth	Home Telephone	Cell/Mobile Telephone	Driver's Linc. #:
Email Address (personal and business)				
Signature:	X ↩			

Shareholder/ Owner #2

Print Full Legal Name		Corporate Title		Percent of Ownership:
Home Street Address		City	State	Zip Code
Social Security Number	Date Of Birth	Home Telephone	Cell/Mobile Telephone	Driver's Linc. #:
Email Address (personal and business)				
Signature:	X ↩			

Shareholder/ Owner #3

Print Full Legal Name		Corporate Title		Percent of Ownership:
Home Street Address		City	State	Zip Code
Social Security Number	Date Of Birth	Home Telephone	Cell/Mobile Telephone	Driver's Linc. #:
Email Address (personal and business)				
Signature:	X ↩			

Shareholder/ Owner #4

Print Full Legal Name		Corporate Title		Percent of Ownership:
Home Street Address		City	State	Zip Code
Social Security Number	Date Of Birth	Home Telephone	Cell/Mobile Telephone	Driver's Linc. #:
Email Address (personal and business)				
Signature:	X ↩			