



LIQUID CAPITAL CORP.

5734 Yonge St. Suite 400, Toronto ON M2M 4E7 Tel: (416) 222-5599 Fax: (416) 222-0166

CLIENT APPLICATION

| GENERAL | | | |
|---------------------|----------|-------------|--------------------|
| Full Corporate Name | | | Incorporation Date |
| Type of Business | | | Website: |
| Trade Names | | | Email: |
| Business Address | | | Phone # |
| City | Province | Postal Code | Fax # |

| BANK | | | |
|----------------|----------|-------------|----------------|
| Bank | | | Account # |
| Street Address | | | Date Opened |
| City | Province | Postal Code | Line of Credit |
| Phone # | Fax # | Security | |

| PRINCIPALS | | | |
|-----------------------------------|----------------|-------------|---------------|
| Shareholder / Partner / Owner (1) | | | S.I.N. |
| Title | % of Ownership | | Date of Birth |
| Home Address | Own | Rent | Phone # |
| City | Province | Postal Code | Fax # |

| | | | |
|--------------------------------------|----------------|-------------|---------------|
| Shareholder / Partner / Owner (2) | | | S.I.N. |
| Title | % of Ownership | | Date of Birth |
| Home Address | Own | Rent | Phone # |
| City | Province | Postal Code | Fax # |

| | | | |
|--------------------------------------|----------------|-------------|---------------|
| Shareholder / Partner / Owner (3) | | | S.I.N. |
| Title | % of Ownership | | Date of Birth |
| Home Address | Own | Rent | Phone # |
| City | Province | Postal Code | Fax # |

| | | | |
|--|----------------|-----------------|------------------------|
| RECEIVABLES | | | |
| What is the purpose of the funds to be generated? | | | Average Annual Sales: |
| Present amount of Receivables: | Terms of Sales | # of Customers: | Average Monthly Sales: |
| Are receivables pledged as collateral: YES / NO If YES, to whom are they pledged? | | | |
| Do you do consignment or guaranteed Sales? YES / NO | | | |
| TOP 5 RECEIVABLES | | | |
| Name: | Address: | | Phone: |
| Name: | Address: | | Phone: |
| Name: | Address: | | Phone: |
| Name: | Address: | | Phone: |
| Name: | Address: | | Phone: |

GOVERNMENT REMITTANCE

Do you owe source deductions: YES / NO If YES how much do they owe:

Do you owe GST: YES / NO If YES how much do they owe:

Do you owe Workers Compensation: YES / NO If YES how much do they owe:

Do you owe Income or Sales Taxes: YES / NO If YES how much do they owe:

OTHER

| | | |
|-----------------|------|---------|
| Attorney | Firm | Phone # |
| Accountant | Firm | Phone # |
| Insurance Agent | Firm | Phone # |

SUPPLIER INFORMATION

| | | | |
|----------------------|------------------|---------|-------|
| Principal supplier 1 | Product supplied | Phone # | Fax # |
| Principal supplier 2 | Product supplied | Phone # | Fax # |
| Principal supplier 3 | Product supplied | Phone # | Fax # |

I hereby declare the provided information to be true and accurate to the best of my knowledge. This serves as my permission for the release of any information regarding this application to Liquid Capital Corp. for the purpose of credit investigation.

| | |
|------------|--------------|
| Signature | Date |
| Print Name | Print Title: |

Application Support Documentation Checklist (all clients)

Required

- Copy of Articles of Incorporation and any amendments thereto
- Copy of Registered Trade Name, if applicable
- Copy of last annual minutes showing the current president and corporate secretary
- Copy of latest Accounts Receivable aging and customer list with complete addresses
- List of orders on hand
- Copy of Latest Aged Accounts Payable list, proof of payment of Government remittances
- Copy of latest Financial Statements, interim and year- end
- Copy of company invoices and letterhead
- Brochure of company's products
- Resume of company's principals
- Personal Financial Statements of Shareholders and/or Guarantors
- Copy of last GST and Source Deductions Filing, with Proof of Payment
- Copy of Proof of ID and Social Insurance Number (if Sole Proprietorship)

If Inventory, letters of credit or equipment loans are being requested please add the following information:

Required

- Inventory List and Summary, as applicable
- Equipment list including name, model, date and price of purchase, as applicable
- Details of Secured Lenders
- Appraisal of Assets, as available
- Business Plan and Cash Flow Forecast