



# EXPRESS APPLICATION

www.rivierafinance.com

## GENERAL BUSINESS INFORMATION

In order to expedite the approval process, please fill out this application completely. After initial approval is given, additional information may be required prior to funding.

Business Name: \_\_\_\_\_ Date Est.: \_\_\_\_\_ County: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Web Address: \_\_\_\_\_  
 Legal Status:  Corporation  LLC  Partnership  Sole Proprietorship Federal I. D. Number: \_\_\_\_\_  
 Type and description of Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_  
 Federal or State Taxes Past Due?  Yes  No If yes, type/amount: \_\_\_\_\_ / \$ Tax lien filed?  Yes  No

## OFFICERS, OWNERS OR PARTNERS

If there are more than two owners, please list any additional persons on a separate sheet of paper.

Name & Title: _____	Name & Title: _____
Percent Owned: _____	Percent Owned: _____
Driver's License #: _____	Driver's License #: _____
Home Street Address: _____	Home Street Address: _____
City: _____ State: _____	City: _____ State: _____
Zip: _____ Home Phone: _____	Zip: _____ Home Phone: _____
Social Security Number: _____	Social Security Number: _____
Date of Birth: _____	Date of Birth: _____

## BUSINESS BANKING INFORMATION

Name of Bank: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Date Opened: \_\_\_\_\_  
 Checking Account Number: \_\_\_\_\_  
 Any Commercial Loans Outstanding?  Yes  No  
 Amount: \$ \_\_\_\_\_  
 Loan Account Number: \_\_\_\_\_  
 Bank Officer: \_\_\_\_\_

## FACTORING ACCOUNT INFORMATION

Anticipated monthly factoring volume: \$ \_\_\_\_\_  
 Current account balance outstanding: \$ \_\_\_\_\_  
 Have you factored before?  Yes  No  
 If yes, with whom? \_\_\_\_\_  
 How did you find out about Riviera? \_\_\_\_\_  
 Additional Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## SUPPORT INFORMATION CHECKLIST

Please include the appropriate support information with your completed application and submit to Riviera.

- |  |   |
|--|---|
| <input type="checkbox"/> Articles of Incorporation or Assumed Name Certificate | <input type="checkbox"/> Liability Insurance Certificate                          |
| <input type="checkbox"/> Customer List with Addresses                          | <input type="checkbox"/> Worker's Compensation Insurance (if requested)           |
| <input type="checkbox"/> Accounts Receivable Aging and Invoices to Factor      | <input type="checkbox"/> Cargo Insurance (Trucking Firms)                         |
| <input type="checkbox"/> Bank Authorization Form (to be provided)              | <input type="checkbox"/> Copy of Operating Authority (MC# _____) (Trucking Firms) |
| <input type="checkbox"/> Tax Authorization Form (to be provided)               | <input type="checkbox"/> Copy of Applicant(s)' Drivers License(s)                 |

## SIGNATURE & AUTHORIZATION

I understand that the submission of this application to Riviera Finance (hereinafter Riviera) indicates my intention to enter into a Security Agreement with Riviera but does not obligate Riviera to factor/finance or provide any financial services whatsoever. I further acknowledge that the approval to factor/finance or provide any financial services may come only after the manager of Riviera approves said application and the invoices/accounts offered, in accordance with the terms of Riviera's Security Agreement. The above statements are true and correct to the best of my information and belief. This serves as my permission for the release of any information to Riviera regarding this application for the purpose of credit investigation. I hereby authorize Riviera to investigate the credit of all parties listed above. I also herein authorize Riviera to contact our customers to verify the invoices submitted for factoring.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Name and Title: \_\_\_\_\_