



EXPRESS APPLICATION

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 Established: _____

Street Address: _____ Phone: _____

City: _____ Province: _____ Postal Code: _____ Cell: _____

E-Mail Address: _____ Web Address: _____ Fax: _____

Legal Status: Corporation LLC Partnership Sole Proprietorship GST Number: _____

Type and description of Business: _____ Number of Employees: _____

Federal or Provincial 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: _____ Province: _____	City: _____ Province: _____
Postal Code: _____ Home Phone: _____	Postal Code: _____ Home Phone: _____
Social Insurance Number: _____	Social Insurance Number: _____
Date of Birth: _____	Date of Birth: _____

BUSINESS BANKING INFORMATION

Name of Bank: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Date Opened: _____

Chequing 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 it to Riviera.

- | | |
|--|--|
| <input type="checkbox"/> Articles of Incorporation or Assumed Name Certificate | <input type="checkbox"/> General Liability Insurance Certificate |
| <input type="checkbox"/> Customer List with Addresses | <input type="checkbox"/> Worker's Compensation Insurance and Recent WCB Quarterly Statement (if requested) |
| <input type="checkbox"/> Accounts Receivable Aging and Invoices to Factor | <input type="checkbox"/> Vehicle/Cargo Insurance (Trucking Firms) |
| <input type="checkbox"/> Bank Authorization Form (to be provided) | <input type="checkbox"/> Trucking Permit(s) and Cab Cards (Trucking Firms) |
| <input type="checkbox"/> Tax Information 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: _____