

CLIENT APPLICATION



Dear Client:

Thanks for your interest in working with us. Please fill out the One Page tabs of seller's and Buyer's information of this application and send via e-mail to: latin.fruit@gmail.com or fax number 1-866-210-9493

Latin Fruit will treat the information by you provided as confidential

Date: _____

Business Information

Your Company Name: _____ d/b/a: _____
Years in business: _____ Tax ID: _____
Nature of Business: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____ Country: _____
Phone: _____ Fax: _____
Email: _____ Web Site: _____
Contact Name / Title: _____ Tel/Cel: _____
President / Owner's name: _____ Tel/Cel: _____

Ownership / Management

Name _____ % Ownership _____ Soc. Sec. _____
Name _____ % Ownership _____ Soc. Sec. _____
Name _____ % Ownership _____ Soc. Sec. _____

Financial Request

How did you find us? _____ Contact at Latin Fruit Corp _____
Average monthly sales in US\$ _____ In how many clients? _____
Percentage you wish to factor: _____ Number of Clients to factor? _____
Have you ever factored your receivables? Yes/No: _____ If yes, with whom: _____
Do you have any outstanding loans? Yes/No: _____ Amount: _____ With whom: _____
Do you have any UCC Filings? Yes/No: _____ If yes, with whom: _____
Has applicant or any entity in which applicant is an owner/partner ever declared bankruptcy? Yes/No: _____
Does the applicant or any entity in which the applicant is an owner/partner owe any taxes that are past due? Yes/No: _____
Does the applicant or any entity in which the applicant is an owner/partner has any lawsuits pending? Yes/No: _____

Bank Information

Account Name (Beneficiary Name): _____ Acct No.: _____
Beneficiary Address: _____ ABA: _____
Bank Name: _____ Account Officer: _____
Bank Address: _____ Tel: _____

Certification, Authorization and Signature

The Applicant certifies that the statement made on this application and the other information provided with this application are true and complete. Latin Fruit Corp. is authorized to do any necessary credit or background check and to make all inquiries it deems necessary to verify accuracy and determine the Applicant's creditworthiness.

Approved and Agreed Yes/No: _____ Applicant's authorized signature: _____
Name: _____
Title: _____

Please Complete Second Page Tab on this Application regarding your buyer's information _:

With your application please provide us with the following information of your company:

- Last fiscal year financial statements (balance sheet and income statement)
- Most recent Aging report of your receivables