

NEW GENESIS FUNDING GROUP

487 Broadway – Suite# 205 – Gary, IN 46402
Complete and fax to 219-881-0745

OWNER/OFFICER INFORMATION			
Owner/Officer			
Street Address			
City		State	Zip
Social Security #	Driver's License		Date of Birth
Position	Ownership Percentage		Phone #
Owner/Officer			
Street Address			
City		State	Zip
Social Security #	Driver's License		Date of Birth
Position	Ownership Percentage		Phone #
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City		State	Zip
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STATEMENT OF APPLICANT'S ASSETS AND LIABILITIES (SHORT FORM)			
Cash in bank(s)		Unsecured Loans	
Stocks/Bonds		Secured Loans	
Accounts Receivable		Accounts Payable	
Notes Receivable		Income Taxes Due	
Real Estate Owned		Payroll Taxes Due	
Automobiles Owned		Sales Taxes Due	
Other Assets		Mortgage Liability	
Inventory (Raw Materials and Work in Process)		Other Liabilities	
Inventory (Finished Goods)		Auto Loan/Lease	
Total Assets		Total Liabilities	

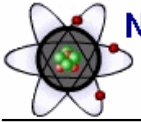
SUPPORTING DOCUMENTATION Please include the following documents with your application:

<ul style="list-style-type: none"> • Copy of Articles of Incorporation, LLC Certificate of Membership or Partnership Agreement • Detailed Accounts Payable and Receivable Aging 	<ul style="list-style-type: none"> • Master Customer List with names, address, telephone, fax and e-mail address (if possible) • Copies of sample invoices
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AUTHORIZATION TO RELEASE INFORMATION

The information supplied in this Confidential Financing Application and Company Profile form and all forms and documents submitted to New Genesis Funding Group or its Assignee (collectively 'Funder') in connection herewith is true and correct to the best of my/our knowledge and belief, I/we hereby authorize Funder to investigate my/our financial responsibility and credit worthiness and will provide financial statement, tax returns, or other materials or information as requested by Funder and to verify any information provided from any source Funder may choose. I/we grant Funder the right to procure any and all credit or other investigative reports to any party to this application, I/we grant Funder the right to release any of the information contained herein may refer this applicant to for funding. I/we further grant to any source from which Funder has requested information about applicant(s), the authorization to release such information to Funder. Applicant acknowledges that Funder will rely on the information provided herein to make its credit decision regarding Applicant. This application has been completed and signed under penalty of perjury. A photocopy, including a fax copy, of this authorization may be accepted as an original. Please use addendum if additional signatures are required.

Signature	Print Name	Title	Date
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COMPANY PROFILE (Tell us about your company)

MANAGEMENT PROFILE (Tell us about the Owner and Key Management Personnel)

ADDITIONAL SIGNATURES (Please use the space below if additional signatures are required)

Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date

SUPPORTING DOCUMENTATION (Please include the following documents with your application)

- Copy of Article of Incorporation, LLC Certificate of Membership or Partnership Agreement - Detailed Accounts Payable and Receivable Aging report	- Master Customer list with names, address, telephone, fax, and E-mail address (if possible) -Copies of sample invoices
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