



Invoice Factoring and SR & ED Tax Credit Financing Application

TCE Capital Corporation

505 Consumers Road, Suite #707

Toronto, Ontario M2J4V8

Phone: 416-497-7400 800-465-0400 Fax: 416-497-3139

Email: money@tcecapital.com Web: www.tcecapital.com

INSTRUCTIONS FOR COMPLETING THESE FORMS

1. This document consists of both a Financing Application (2 pages) and a Personal Statement of Affairs (3 pages). It is designed so that you may download the forms and complete them by hand.

2. Fax or send by mail to address above, together with the supporting documentation listed below:

- Financial Statements: Annual Statements (most recent year end)
Interim Statements (current)
- A/R & A/P Current listings (aged)
- Bank Statements Last 3 months
- Articles of Incorporation Front page only
- Inventory Summary If Applicable
- Bank Financing Letter If Applicable (plus any revisions)
- SR&ED Tax Credit Claim Amounts Federal and Provincial if Applicable

You will have our decision within 48 hours of receipt of the application.

We are committed to providing Fast, Flexible Funding for Growing Canadian Business.

For speed of funding, you can't beat our Invoice Discounting / Accounts Receivable Factoring facilities.

Please call or email to be introduced to your Business Development Manager, who will be happy to answer your questions on our Financing Services.

We look forward to hearing from you and appreciate your interest in TCE Capital.

TCE Capital Corporation
505 Consumers Road, Suite 707
Toronto, Ontario M2J 4V8



**FINANCING FACILITY APPLICATION
TCE Capital Corporation**

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Phone: 416-497-7400 800-465-0400 Fax: 416-497-3139
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Complete ALL FIELDS denoted by shaded areas by tabbing between fields

Corporate Legal Name:		Inc.	Ltd.	Corp.
Corporate Contact:		Mr.	Mrs.	Ms.
Current address:		Suite/ Unit#:		
City, Province:		Phone:		
Postal Code:		Fax:		
Financing Requested	Invoice Discounting Facility	SR & ED		
	Other (specify):			
Facility Amount	\$ (maximum amount or line required)			
Type of Business:				
Intended use of funds: Describe briefly the Purpose, Term and Repayment proposed:				
Previous Annual Sales:	\$	Projected 12 month's Sales:	\$	
Previous Net Income:	\$	Projected 12 month's Net Income:	\$	
Top 4 Customer names and estimated annual sales				
1. Customer Name:		Estimated Annual Sales:	\$	
2. Customer Name:		Estimated Annual Sales:	\$	
3. Customer Name:		Estimated Annual Sales:	\$	
4. Customer Name:		Estimated Annual Sales:	\$	
Company Bank:		Branch Contact:		
Branch Location:		Phone:		
Bank Security / Collateral Pledged:	Accounts	Inventory	Equipment	
	Other (specify):			
Accounts Receivable: Pledged as security elsewhere?	No	Yes, to:		
Management/Shareholder Contact(s)	Title	% Shares Held	Signing Authority	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
Company Ownership:	Date Established:		Yrs in present ownership:	
Provincial Corporation #:	Revenue Canada Employer #:		Workers Compensation #:	
Do you use a payroll service?	No	ADP	Ceridan	Other:
How often does company remit payroll deductions?	Weekly		Monthly	Other:
Does company have any federal or provincial taxes past due?	No		Yes (Provide "Details in Tax Arrears" Section of this application, on page 2)	
If "Yes", have arrangements to repay been agreed upon?	No		Yes (attach details)	

**FINANCING FACILITY APPLICATION
TCE Capital Corporation**

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Complete ALL FIELDS denoted by shaded areas by tabbing between fields

Details of Tax Arrears Indicate payment arrangements, or attach correspondence. If no arrears, check NIL.

Tax:	Arrears:	Tax:	Arrears:
PAYROLL (Source Deductions)	\$ NIL	INCOME TAX	\$ NIL
G.S.T.	\$ NIL	WORKERS COMPENSATION	\$ NIL
P.S.T.	\$ NIL	OTHER:	\$ NIL

Company Lawyer Name:		Phone:	
Company Accountant Name:		Phone:	
Referred to TCE by:		Phone:	
Is the company now or has it been involved in any litigation?:	No	Yes	Date:

Explain:

SUPPORTING DOCUMENT CHECKLIST	Invoice Discounting & SR&ED
Financial Statements <i>Please include Balance Sheet, Income Statement/P&L and Notes</i>	Annual Statements: 1 year Interim Statements: Current
Accounts Receivable and Accounts Payable	Current Listings - Aged
Bank Statements	Last three (3) months
Articles of Incorporation / Business Registration	Front page only
Inventory Summary	If Applicable
Financing Letter (from existing bank and any revisions)	If Applicable
SR&ED Tax Credit Claim Amounts (federal and provincial)	If Applicable

CERTIFICATION

I hereby certify that the information provided in this Application is true, accurate and complete. Permission is hereby granted for a confidential credit investigation. A copy of this form shall be good and sufficient authority for anyone having confidential or other information about the financial position of the APPLICANT herein to disclose such information to TCE CAPITAL CORPORATION ("TCE CAPITAL") upon request.

If representations are subsequently found to be incorrect or incomplete, TCE CAPITAL reserves the right to reject this application and cancel any contract that may be negotiated and shall not be obliged to fulfil any agreement with the APPLICANT, verbal or written. APPLICANT agrees that any expenses incurred by TCE CAPITAL, because of reliance by it upon incomplete or incorrect statements made by the APPLICANT herein are chargeable to the APPLICANT.

Name of Corporation:	Date:
Signature (Authorized Signing Officer)	Title:

For quick processing of your Application, please FAX completed Application to TCE Capital Corporation FAX (416) 497-3139, or email: money@tcecapital.com

Terms of Use: This form is copyrighted and as per international copyright and rights management law may be utilized only and exclusively for applicant submissions to TCE Capital Corporation



**PERSONAL STATEMENT OF AFFAIRS
TCE Capital Corporation**

505 Consumers Road Suite #707 Toronto Ontario M2J 4V8
Phone: 416-497-7400 800-465-0400 Fax: 416-497-3139
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Name:		Mr.	Mrs.	Ms.
Occupation:		How Long (years):		
Street Address:		Apt / Unit#:		
City, Province:		Home Phone #:		
Postal Code:		Home Fax #:		
Date of Birth	Mo Day Year	Soc. Ins. No.:		
Driver's Licence No:		<i>Note, attach copy of licence and photo</i>		
Your Home:	Own Rent Lease Other	If owned is your home a:	House	Condo
If owned, owned by	Self	Spouse	with spouse	Other:
If owned: Mortgage payments per month:\$		If rented: Rental payments per month \$		
Purchase price: \$		Date purchased:		
Current market value:		First Mortgagor:		
Value of outstanding mortgages:		Second Mortgagor:		
Marital Status:	Single Married Common Law Separated Divorced			
Name of spouse:		Mr.	Mrs.	Ms.
Spouse's Birthdate	Mo Day Year	Spouse's Soc. Ins. No.:		
Are you now or have you been involved in any litigation?	No	Yes	Date:	
Explain:				
Have you ever been bankrupt?	No	Yes		
Have you ever had a bond application declined?	No	Yes		
Have you ever compromised with creditors?	No	Yes	Date:	
Explain:				
FINANCIAL REFERENCES: List any banks or other lending institutions from whom you have obtained credit during the last 3 years, or in which you maintain accounts:				
1. Name:	Type of Account:			
Address:	Contact Name:			
City, Province:	Contact Phone:			
2. Name:	Type of Account:			
Address:	Contact Name:			
City, Province:	Contact Phone:			
PERSONAL REFERENCES:				
1. Name:	Relationship:			
Address:	Phone:			
City, Province:				
2. Name:	Relationship:			
Address:	Phone:			
City, Province:	Initial Here: _____		<i>Page 1 of 3</i>	

PERSONAL STATEMENT OF AFFAIRS TCE Capital Corporation

Page 2 of 3

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PERSONAL FINANCIAL STATEMENT OF:

ASSETS		VALUE	LIABILITIES	VALUE
Cash In Bank		\$	Installment Notes & Contracts	\$
Real Estate: Home <i>Provide details below *</i>		\$	Real Estate Loans & Mortgages	\$
Real Estate: Other <i>Provide details below *</i>		\$	Bills Payable	\$
Automobiles (Owned/Registered)		\$	Income Taxes Payable	\$
Listed Stocks And Bonds (Market Value)		\$	Bank/Trust Co. Loans (Including Credit Union)	\$
Jewelry	Purchase Value Appraised Value	\$	Loans (Personal)	\$
Works of Art	Purchase Value Appraised Value	\$	Finance Company	\$
Business Interest(s)		\$	Lease (Automobile)	\$
Money Due Or Owing To You		\$	Lease (Other)	\$
Retirement Funds/Pension Entitlements		\$	Credit Cards	\$
Other Assets		\$	Other Liabilities -	\$
Face Value Of Life Insurance: \$		Not applicable	Other Liabilities -	\$
Cash Surrender Value of Life Insurance:		\$	Other Liabilities -	\$
TOTAL ASSETS:		\$	TOTAL LIABILITIES:	\$
NET WORTH: Total Assets minus Total Liabilities			= \$	

REAL ESTATE DETAILS - ADDRESS:

Registered in Name of:					
Valued at: \$	Valued as at:	Purchase	Appraisal: Mo	Day	Year
Other Details:					

CONTINGENT LIABILITIES:			Have you provided guarantees for other businesses, Or other persons (family members, etc.)?	
TYPE			FINANCIAL INSTITUTION	AMOUNT
Guarantees	Yes	No		\$
Co-signed Notes	Yes	No		\$
Collateral Mortgages	Yes	No		\$
Other	Yes	No		\$

Are there any other important facts or information not requested in this application that might in any way affect your credit which you believe or know to be relevant and should be considered:

No Yes

If yes, explain:

Initial Here: _____ *Page 2 of 3*

PERSONAL STATEMENT OF AFFAIRS TCE Capital Corporation

Page 3 of 3

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PERSONAL FINANCIAL STATEMENT OF:

CERTIFICATION

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Applicant Signature

Date:

Print Applicant Name:

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