



APPLICATION
 www.ithrivefunding.com
 844-770-2958

| COMPANY INFORMATION | | | |
|---|------------------|-------------------------|-----------------------|
| Business Name and DBA (if any) | | Email | |
| Address | | City | State/Zip Code |
| Mobile Number | Fax Number | | DOT or MC Authority # |
| State of Registration | Date Established | Federal Tax ID | |
| Business Type C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Prop <input type="checkbox"/> | | State Organizational ID | # Company Trucks |

| OTHER INFORMATION | |
|--|--------|
| Have you, this company, any of its officers or directors, or any affiliated companies ever: | |
| Been convicted of a felony in last 10 years? | Yes No |
| Filed bankruptcy? | Yes No |
| Been past due or currently past due on all taxes? | Yes No |

| COMPANY OWNER(S) | | | |
|------------------------|--------------|------------------------|----------------|
| Full Name | Title | Social Security Number | % of Ownership |
| Home Address | | City | State Zip Code |
| Drivers License Number | State Issued | | |
| Owner or Officer #2 | | | |
| Full Name | Title | Social Security Number | % of Ownership |
| Home Address | | City | State Zip Code |
| Drivers License Number | State Issued | | |

Salesperson You Are Working With: _____

How did you hear about iThrive: _____

IMPORTANT INFORMATION

By executing this application, the undersigned person(s) certifies to the following: That he/she is an authorized representative of the company and has authority to complete the application on behalf of the company; The information set forth in this application and in any documents, reports, statements, and/or other information provided to iThrive Funding, LLC (iThrive) are full, true, correct, and complete and accurately reflect such information on the date(s) thereof; that iThrive is authorized to request, receive, and verify credit reports and other financial information regarding applicant(s) and its business that iThrive deems necessary and appropriate; that iThrive is authorized to execute in the name of the undersigned person(s); and that iThrive is authorized to inquire of, investigate, confirm, and verify any information contained in this application, in any documents, reports, statements, and/or other information provided under or pursuant to this application, or learned by iThrive as part of its investigation and review of this application, applicant(s), or applicants' business. iThrive is authorized to file UCC Financing Statements concerning all accounts of applicant upon execution of this application. In the event funding does not occur, iThrive will terminate the filings.

MUST BE SIGNED BY MAJORITY OWNER(S) OF THE COMPANY (Please attach additional sheets if necessary)

Signed: _____ **Date:** _____

Signed: _____ **Date:** _____