

Complete Legal Name		Federal Tax ID (xx-xxxxxx)	
Street Address	City	State	Zip
Company Telephone	Company Fax	Company Website	
Contact Name	Contact Cell Telephone	Contact Email	
What Products / Services are Provided?		Tradestyle Names?	
Annualized Sales	Terms Offered	Av. # Invs / Month	# Employees
Fiscal Year End			
Company Entity Type	Other Type	State Organized	Organizational ID
☐ Corporation ☐ LLC			
Bank Name	Account Officer / Contact		Contact Telephone Number
Contact Email	Amount Owed	Facility Type	Security Held by Lender

ADDITIONAL INFORMATION — please answer each question below

- Any Consignment, right of return, End of Season, or similar allowances? ☐ YES ☐ NO
- Any Progress, Milestone, or billing subject to Retainage? ☐ YES ☐ NO
- Do any of your customers bill you for products or services? ☐ YES ☐ NO
- Invoices Supported By Purchase Orders, Contracts, SOW, or Time Slips? ☐ YES ☐ NO
- Do you bill before completion of delivery or services? ☐ YES ☐ NO
- Any security lien filings, or assignments of proceeds? ☐ YES ☐ NO
- Affiliation with any other business in the past five (5) years? ☐ YES ☐ NO
- Any litigation, bankruptcies, judgments, liens, credit problems, or convictions? ☐ YES ☐ NO
- Any unpaid taxes (payroll, sales, income, other state/local/federal)? ☐ YES ☐ NO

Explain any "YES" answers (indicate the question #):

OFFICERS, SHAREHOLDERS & MANAGEMENT — list all principals / officers

Full Legal Name (Print)	Corporate Title	Social Security No.	Date of Birth	% Owned	Signature

Electronic Signatures and Counterparts. This form may be executed by means of (a) an electronic signature that complies with the federal Electronic Signatures in Global and National Commerce Act, state enactments of the Uniform Electronic Transactions Act, or any other relevant and applicable electronic signatures law; (b) an original manual signature; or (c) a faxed, scanned, or photocopied manual signature. Each electronic signature or faxed, scanned, or photocopied manual signature shall for all purposes have the same validity, legal effect, and admissibility in evidence as an original manual signature. Bridgeport reserves the right, in its sole discretion, to accept, deny, or condition acceptance of any electronic signature on this document. This form may be executed in any number of counterparts, each of which shall be deemed to be an original, but such counterparts shall, together, constitute only one instrument. Delivery of an executed counterpart of a signature page of this form will be as effective as delivery of a manually executed counterpart of the form.

I understand this is not an application for credit. The intent of this profile is for Bridgeport Capital Services, Inc. to determine if a relationship between you and us would be mutually beneficial. I certify that the information provided in this profile and the Supplemental Information required is true and correct as of the date of this profile. I authorize all credit, lien, other investigative searches as well as reference checks and any other investigations on the company and its Principals and Officers, and hereby irrevocably release you and hold you harmless from any claim of any kind related to or arising out of any such investigation. Further, I approve and accept financial responsibility to cover any costs you may incur in conducting your investigation. Upon request, you will provide us with an invoice of any costs you have expended on our behalf to conduct your investigation. I appoint you and your assigns as my agent and attorney-in-fact to sign and file UCC financing statements for protecting your security interest under any agreements and transactions relating to our firms. We will promptly notify you of any intended changes in the facts concerning our organization, name, places of business, authorities and other matters presented to you. I understand that any misrepresentations, fraudulent entries, or omissions on this profile and the Supplemental Information may be used for legal action.

Signature	Date	Title	Print Name

AUTHORIZATION TO RELEASE CREDIT & BACKGROUND INFORMATION

BRIDGEPORT CAPITAL SERVICES

5541 N. University Drive, Suite 101

Coral Springs, Florida 33067

Darin McMahon Ph: (561) 325-1903

Darin@BridgeportCapital.com

I/we the below undersigned individual(s) hereby authorize Bridgeport Capital Services, Inc. as servicing agent for Bridgeport Capital Funding, LLC to obtain personal credit report(s) and conduct background investigation(s) for each individual listed below including all credit, lien, and other investigative searches as well as reference checks. I/we certify that the information provided is true and correct, and understand that any misrepresentations, fraudulent entries, or omissions may be used for legal action. **PLEASE WRITE LEGIBLY — USE ADDITIONAL PAGES AS NEEDED.**

SHAREHOLDER / OWNER #1

Print Full Legal Name		Corporate Title		Percent of Ownership
Home Street Address		City	State	Zip
Social Security Number	Date of Birth	Home Telephone	Cell Telephone	
Driver's License Number	Email Address (business and personal)			
SIGNATURE — Shareholder / Owner #1				Date

SHAREHOLDER / OWNER #2

Print Full Legal Name		Corporate Title		Percent of Ownership
Home Street Address		City	State	Zip
Social Security Number	Date of Birth	Home Telephone	Cell Telephone	
Driver's License Number	Email Address (business and personal)			
SIGNATURE — Shareholder / Owner #2				Date

SHAREHOLDER / OWNER #3

Print Full Legal Name		Corporate Title		Percent of Ownership
Home Street Address		City	State	Zip
Social Security Number	Date of Birth	Home Telephone	Cell Telephone	
Driver's License Number	Email Address (business and personal)			
SIGNATURE — Shareholder / Owner #3				Date

SHAREHOLDER / OWNER #4

Print Full Legal Name		Corporate Title		Percent of Ownership
Home Street Address		City	State	Zip
Social Security Number	Date of Birth	Home Telephone	Cell Telephone	
Driver's License Number	Email Address (business and personal)			
SIGNATURE — Shareholder / Owner #4				Date