

**SECURITY AGREEMENT APPLICATION**

APPLICATION TO ENTER INTO SECURITY AGREEMENT WITH <i>HAWAII RECEIVABLES MANAGEMENT LLC</i>					
<i>Name:</i>		<i>Today's Date</i>			
<i>Address:</i>					
<i>City, ST Zip</i>					
<i>Telephone:</i>		<i>Fax:</i>		<i>E-Mail</i>	
<i>Contact Name:</i>			<i>Type of Business:</i>		
<i>Corporation:</i>	<i>Partnership:</i>	<i>Sole Proprietorship:</i>	<i>Other:</i>	<i>Date Established</i>	
<i>Federal Tax #:</i>			<i>State Tax #</i>		

<b>OWNERS OR OFFICERS (Residence address please)</b>					
<i>1.Name:</i>		<i>Percent of Ownership</i>			
<i>Title:</i>		<i>Social Security :</i>			
<i>Address:</i>			<i>Telephone:</i>		
<i>2.Name:</i>		<i>Percent of Ownership</i>			
<i>Title:</i>		<i>Social Security:</i>			
<i>Address:</i>			<i>Telephone:</i>		

<b>BUSINESS ASSETS</b>					
<i>Receivables</i>					
<i>Approximate # of Accounts:</i>		<i>Term of Sale:</i>			
<i>Average Monthly Sales Volume \$:</i>		<i>Average Monthly # of Invoices</i>			
<i>Are any assets now assigned, pledged, lien as collateral for loans?</i>			<i>Yes</i>	<input type="checkbox"/>	<i>No</i>
<i>Are any taxes past due?</i>	<i>Yes</i>	<input type="checkbox"/>	<i>No</i>	<input type="checkbox"/>	

**OWNER/OFFICER SIGNATURES**

Everything I have stated in this application is correct to the best of my knowledge. I authorize Hawaii Receivables Management LLC, both now and in the future to check my personal credit history and the credit history of the business. I also authorize my bank to make available to Hawaii Receivables Management LLC, both now and in the future, any financial information in its possession relating to me or the company including: account information, loan information, financial reports, credit evaluations, reports prepared by credit agencies, and information obtained from creditors. By signing below I agree with all the above.

<i>1. Signature</i>	<i>Date</i>
_____	_____
<i>Print Name</i>	<i>Title</i>
_____	_____
<i>2. Signature</i>	<i>Date</i>
_____	_____
<i>Print Name</i>	<i>Title</i>
_____	_____

