

ABOUT YOUR BUSINESS

SELLER: HRC Logistics LLC

OTHER TRADE NAMES AND DBA: _____

US DOT#: 2921898 MD#: 985484 EMAIL: goul@hrclogistics.com

PHONE: (400) 422-0373 FAX: _____ CITY/STATE/ZIP: _____

BUSINESS ADDRESS: 3400 Craig Dr Apt 523 CITY: Mckinney STATE: TX ZIP: 75070

☐ CORPORATION ☒ LLC ☐ INDIVIDUAL ☐ PARTNERSHIP FORMED IN WHICH STATE? WY YEARS IN BUSINESS? 0.00

COMPANY TRUCKS: # OWNED: 3 # LEASED: _____ # TRAILERS: _____ # OF OWNER OPERATORS LEASED ON: _____

CHECK ALL THAT APPLY: ☐ TAXES ☐ JUDGMENTS & LIENS ☐ LAWSUITS ☐ CRIMINAL CONVICTIONS ☐ FOREIGN

YEARS IN TRANSPORTATION INDUSTRY: 12 TYPE OF EXPERIENCE: Mkt work/Consultation 8000 hr

DESCRIBE YOUR GROWTH PLANS: 2-3 power units month public co.

I AM ALSO INTERESTED IN: ☒ CREDIT CAPITAL FUND CARD ☐ TRUCK/TRAILER LEASE PROGRAM ☐ OTHER ADVANCES

ABOUT YOUR ACCOUNTS RECEIVABLE

AMOUNT YOU INTEND TO FACTOR MONTHLY: \$ \$54,000.00 HOW SOON DO YOU INTEND TO START FACTORING? 9/25/16

HAVE YOU OR ANY OWNER EVER FACTORED OR BUILT UP/DOWN AGAINST YOUR RECEIVABLES? ☒ NO ☐ YES WITH WHOM? _____

ARE YOU CURRENTLY IN A FACTORING RELATIONSHIP? ☒ NO ☐ YES WITH WHOM? _____

DO YOU HAVE A WORKING CAPITAL ADVANCE ON LOAN? ☒ NO ☐ YES WITH WHOM? _____ BALANCE? _____

Factoring Master Agreement

This Factoring Master Agreement is made between eCapital LLC, located at PO Box 85257, Las Vegas, NV 89183-6257 ("Purchaser"), and Seller (as specified herein), and incorporates by reference the Factoring Agreement Terms and Conditions 8/14/13 (the "Terms and Conditions"), a copy of which has been provided to Seller and is also published at terms.eCapital.com, as if the Terms and Conditions are fully set forth herein. The factoring rates specified in Section 3 shall apply to this agreement. By Seller's signature below, Seller acknowledges and agrees that Seller has read the Terms and Conditions, and agrees that said Terms and Conditions shall bind Seller as if fully incorporated herein, and supersede any prior agreements or understandings between Purchaser and Seller. Purchaser hereby agrees (a) to the Termination provisions therein, (b) to grant a continuing first priority security interest in and to the Collateral (which shall include Seller's accounts) to secure the Seller's obligations to Purchaser, and (c) that Purchaser is authorized to file an initial financing statement consistent with Article 9 of the Uniform Commercial Code. Where applicable, terms used herein and not otherwise defined shall have the meanings defined in the Terms and Conditions.

I hereby attest that all information provided is true and correct to the best of my/our knowledge, and is given to induce eCapital LLC to enter into this factoring relationship with the Applicant. I/we do hereby authorize eCapital LLC and/or its agents/affiliates to verify and investigate at any time the information provided including the obtaining of consumer and other credit reports.

Guaranty. This Guarantor(s) unconditionally and irrevocably guarantees(s) to Purchaser the prompt performance in full of all obligations, indebtedness, and liabilities of Seller of every kind and character owed to Purchaser. The obligations of Guarantor hereunder are direct and primary and are independent of the obligations of Seller to any other guarantor(s).

OWNERSHIP: PLEASE ACCOUNT FOR 100%

OWNER 1 & GUARANTOR

OWNER 2 & GUARANTOR

OWNER 3 & GUARANTOR

OWNER NAME	OWNER 1 & GUARANTOR	OWNER 2 & GUARANTOR	OWNER 3 & GUARANTOR
TITLE	<u>Reg. Member</u>	<u>Reg. Member</u>	<u>Reg. Member</u>
HOME ADDRESS	<u>3400 Craig Dr</u>	<u>463 3rd St #7</u>	<u>463 3rd St #7</u>
CITY, STATE, ZIP	<u>Mckinney TX 75070</u>	<u>Niagara Falls NY 14301</u>	<u>Niagara Falls NY 14301</u>
CELL PHONE	<u>409 422 5373</u>	<u>716 986 4324</u>	<u>716 986 4010</u>
SSN	<u>26 147 8094</u>	<u>767-02-8441</u>	<u>013-60-0455</u>
DOB	<u>4/28/59</u>	<u>06/02/91</u>	<u>08/24/72</u>
% OWNED	<u>50</u>		<u>25</u>
SIGNATURE	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
DATE	<u>9-20-16</u>	<u>9-20-16</u>	<u>9-20-16</u>

Purchaser: eCapital LLC

Place of acceptance: Las Vegas, NV

Date of acceptance: _____

By: _____

Authorized Signer

Title: _____