

Capital Funding Group

Division of Capital Asset Funding, Inc.

Delinquent Debt Portfolio Submission Worksheet

DCFC /Referral Representative Information

Name Date

Company.....

Address

City.....State.....ZIP

Phone _____ Fax _____ e-mail _____

Source of Portfolio Originator _____ Secondary Source _____

Name of Debt Originator _____ **Owner of Portfolio** _____

Name of Portfolio Seller _____

Type of Portfolio

- | | |
|----------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Credit card | <input type="checkbox"/> Consumer installment contracts |
| <input type="checkbox"/> Medical receivables | <input type="checkbox"/> Deficiency balances |
| <input type="checkbox"/> Student loans | <input type="checkbox"/> Legal-related accounts |
| <input type="checkbox"/> Bad checks | <input type="checkbox"/> Other: _____ |

Portfolio Size

Face value: _____

Number of accounts: _____

Average balance: _____

Aging Distribution

Year (last date of pay or charge-off date)	Number of Accounts	Amount
2009		
2008		
2007		
2006		
2005 and older		

Geographic Distribution

State	Number of Accounts	Amount

Agency Placement

Zero Primary Secondary Tertiary Quad

Client's price expectation _____

Other Information

Media:	<input type="checkbox"/> Available	<input type="checkbox"/> Unavailable
Warranties:	<input type="checkbox"/> As is	<input type="checkbox"/> Full warranty package
Format:	<input type="checkbox"/> Disk	<input type="checkbox"/> Hard copy

Please include a sample of sanitized documents and sanitized spreadsheets.

Additional Information _____