



FACTOR FUNDING CO.

Phone: 713-660-8300 Toll free: 866-717-2274 Fax: 713-660-8311

BUSINESS INFORMATION

In order to expedite the approval process, please print or write clearly and fill application completely. Additional information will be required prior to funding.

Business Name: _____ Phone: _____
 Doing Business As (Other Trade Name(s)): _____ Fax: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Web Address: _____ Email Address: _____
 Date Business Established: _____ Legal Business Status: Sole Proprietor Partnership Corporation LLC.
 Type and description of Business: _____ Number of Employees: _____
 Federal ID Number: _____ Federal or State Taxes Past Due? Yes No Tax lien filed? Yes No
 If yes to any above, what type/amount: _____

OWNERS, PARTNERS & OFFICERS

Please list any additional officers under Notes section

Name: _____ Title: _____	Name: _____ Title: _____
Percent Owned: _____ Date of Birth: _____	Percent Owned: _____ Date of Birth: _____
Driver's License #: _____ State: _____	Driver's License #: _____ State: _____
Social Security Number: _____	Social Security Number: _____
Home Street Address: _____	Home Street Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____	Home Phone: _____ Cell Phone: _____
Email Address: _____	Email Address: _____

BANKING INFORMATION

ACCOUNTS RECEIVABLE INFORMATION

Bank Name: _____	Anticipated monthly factoring volume: \$ _____
City: _____ State: _____ Zip: _____	Current account balance outstanding: \$ _____
Phone: _____ Fax: _____	Have you factored before? <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Checking Account #: _____	If yes, with whom? _____
Any Commercial Loans Outstanding? <input type="checkbox"/> Yes <input type="checkbox"/> No	How did you hear about Factor Funding? _____
Amount: \$ _____ Loan Account #: _____	What's the purpose of funds? _____
Collateral Pledged: _____	Additional Notes: _____
Bank Officer: _____	

SUPPORT DOCUMENTS CHECKLIST

In order to appropriately evaluate and process your application, please include applicable support documents with your completed application.

- | | |
|---|---|
| <input type="checkbox"/> Articles of Incorporation or Assume Name Certificate | <input type="checkbox"/> Copy of Contract(s) or Purchase Order(s) |
| <input type="checkbox"/> Copy of Applicant(s) Driver's License(s) and Social Security Card(s) | <input type="checkbox"/> Copy of Operating Authority (MC# _____) (Trucking) |
| <input type="checkbox"/> Accounts Receivable Aging and Invoices | <input type="checkbox"/> Worker's Compensation Insurance (Temporary Staffing Firms) |
| <input type="checkbox"/> Copy of Business / Liability Insurance | <input type="checkbox"/> List of all jobs currently working on (Construction) |
| <input type="checkbox"/> Customer List | <input type="checkbox"/> Federal Tax Identification # / W-9 |

SIGNATURE & AUTHORIZATION

I/We understand that submission of this application does not obligate FACTOR to provide any financial services whatsoever. I/We further acknowledge that approval to factor/fund may come only after the Board of Directors of FACTOR approves said application and the invoices/accounts offered, in accordance with the terms of Factor's Security Agreement. The above statements are true and correct to the best of my knowledge and belief. This serves as my permission for the release of any information regarding this application for the purpose of credit investigation to FACTOR and or its designees or assignees.

Signed: _____ Date: _____ Print Name: _____ Title: _____
 Signed: _____ Date: _____ Print Name: _____ Title: _____



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MERCHANT CASH ADVANCE CLIENT FOCUSED QUESTIONS

Your response to the following questions will help us to appropriately assess your needs and provide customize solutions.

1. Amount requested \$ _____
2. What is the intended use of fund: _____

3. Are you willing to sign a personal guarantee or an oath against committing fraud: _____
4. What specific or general products or services do you sell: _____
5. Average monthly Credit / Debit card sales receipts: *(attach copies of most recent 4 months statement summary):*
 - i. MasterCard \$ _____ Card Swiped: _____ % Manually keyed in: _____ %
 - ii. Visa \$ _____ Card Swiped: _____ % Manually keyed in: _____ %
 - iii. American Express \$ _____ Card Swiped: _____ % Manually keyed in: _____ %
 - iv. Other, please specify / \$: _____ Card Swiped: _____ % Manually keyed in: _____ %
6. How long have you been at your present address : *(attach copy of term page and signature page of lease)*
 - i. Business: _____ Home: _____
 - ii. How much is your monthly mortgage or rent at business location \$ _____
 - iii. Term of lease: _____ End Date: _____
 - iv. Landlord Name: _____
 - v. Landlord Address: _____ Phone: _____
 - vi. City: _____ State: _____ Zip: _____
7. Has there been a change of owner(s), majority shareholders, or officers within the last 5 years? Yes No
If yes, please explain: _____
8. Have you, any owner(s), or the company ever filed for bankruptcy or been sued? Yes No. If yes, please explain: _____
9. How is the owner(s) personal credit? Excellent Fair Poor. Please explain any problem areas: _____

Signed: _____ Date: _____ Print Name: _____ Phone: _____

Your response will be held in strict confidence. If you have any questions, please call:

713-660-8300 or Toll Free 1-866-717-2274.

2700 Post Oak Blvd., Suite 1400, Houston TX 77056 ♦ P.O. Box 35481, Houston, TX 77235

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Web site: <http://www.factorfunding.com> ♦ Email: info@factorfunding.com