



FACTOR **FUNDING** COMPANY  
Providing Funding for Businesses Since 1996

# FACTORING APPLICATION

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

AFTER FILLING OUT THIS APPLICATION, PLEASE EMAIL IT AND ALL NECESSARY SUPPORT DOCUMENTS TO [apply@factorfunding.com](mailto:apply@factorfunding.com) OR FAX TO 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 Registered: \_\_\_\_\_ In What State: \_\_\_\_\_ As: 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

Bank Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Checking Account #: \_\_\_\_\_  
Any Commercial Loans Outstanding? Yes No  
Amount: \$ \_\_\_\_\_ Loan Account #: \_\_\_\_\_  
Collateral Pledged: \_\_\_\_\_  
Bank Officer: \_\_\_\_\_

## ACCOUNTS RECEIVABLE INFORMATION

Anticipated monthly factoring volume: \$ \_\_\_\_\_  
Current account balance outstanding: \$ \_\_\_\_\_  
Have you factored before? Yes No  
If yes, with whom? \_\_\_\_\_  
How did you hear about Factor Funding? \_\_\_\_\_  
What's the purpose of funds? \_\_\_\_\_  
Additional Notes: \_\_\_\_\_

## SUPPORT DOCUMENTS CHECKLIST

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

Articles of Incorporation or Assume Name Certificate  
Copy of Applicant(s) Driver's License(s) and Social Security Card(s)  
Accounts Receivable Aging and Invoices  
Copy of Business / Liability Insurance  
Customer List

Copy of Contract(s) or Purchase Order(s)  
Transportation Operating Authority (MC/DOT# \_\_\_\_\_ )  
Worker's Compensation Insurance (Temporary Staffing Firms)  
List of all jobs currently working on (Construction)  
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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# CLIENT-FOCUSED QUESTIONS

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Your response to the following questions will help us to more appropriately assess your needs and provide customize solutions that specifically addresses them.

1. What was your total sale last year? \$ \_\_\_\_\_
2. What is your average profit margin on each sale? \_\_\_\_\_ % average cost? \_\_\_\_\_ %
3. How much do you have in total outstanding Accounts Receivables? \$ \_\_\_\_\_
4. What is your average customer pay period or term? \_\_\_\_\_
5. Given the available and increased level of cash flow you will have, how much more in percentages could you increase your business? \_\_\_\_\_ %
6. What would be the main purpose of the funds? \_\_\_\_\_  
\_\_\_\_\_
7. What is/are the most important thing(s) to you in choosing a lender or financier? \_\_\_\_\_  
\_\_\_\_\_
8. Are you willing to work with an investor outside of your local community? \_\_\_\_\_  
\_\_\_\_\_
9. Are you willing to introduce us to your customers, if it is necessary? \_\_\_\_\_
10. Are you willing to sign a personal guarantee or an oath against committing fraud? \_\_\_\_\_  
\_\_\_\_\_
11. What minimum \$ \_\_\_\_\_ and maximum \$ \_\_\_\_\_ per day week month or year total would you fund?
12. What rate(s) would you like to pay? \_\_\_\_\_
13. How would you like to receive the funds? By Check, Bank Transfer or Other, please specify: \_\_\_\_\_  
\_\_\_\_\_
14. How would you like reports of transactions sent to you? By Mail, Email, Fax, Phone, or Online Access? \_\_\_\_\_
15. Have you factored under your present or any other names(s)? Yes No  
If yes, please give name(s) \_\_\_\_\_  
\_\_\_\_\_

**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.

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