



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 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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