



# 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 invoice 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 and/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 with Billing Addresses

- 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: \_\_\_\_\_



# MERCHANT CASH ADVANCE FOCUSED QUESTIONS

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

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?    Yes    No

4. What general or specific product(s) or service(s) 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: \_\_\_\_\_

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* \_\_\_\_\_  
\_\_\_\_\_

Company: \_\_\_\_\_

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.

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