



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 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: _____



PURCHASE ORDER FUNDING FOCUSED QUESTIONS

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

1. I am a: Importer Exporter Manufacturer Wholesaler/Distributor Other (please specify) _____

2. Describe product(s) sold to your customer / buyer (*attach pictures, brochures, or ad copy if applicable*): _____

3. Describe your customer (Chain, Big Box, Specialty, etc.): _____

4. Your Customer (*Company*): _____

5. Contact Name: _____ Phone: _____

6. Address: _____ Fax: _____

7. City: _____ State: _____ Zip: _____

8. Website: _____ Email: _____

9. Date your customer expects to take delivery of product(s): _____

10. Where does your customer expect to take delivery of product(s): Ex Factory or Foreign Port FAS DDP FOB Warehouse Delivered

11. What terms of payment do you extend to your customer: Letter of Credit Draft Payment Check Cash Net 30/60/90 Other

12. Your Supplier (*Company*): _____

13. Contact Name: _____ Phone: _____

14. Address: _____ Phone: _____

15. City: _____ State: _____ Zip: _____

16. Website: _____ Email: _____

17. Have you purchased these goods from this supplier in the past? Yes No. If yes, when: _____

How often purchased: _____ What is the estimated timeline of production (*please explain*): _____

18. What is your supplier's term of payment (*please specify desired form of payment, terms, and if partial advance or deposit is required*):

Check Cash Credit / Debit Card Letter of Credit COD Other, please specify: _____

19. Will you take possession of the goods prior to delivery to your customer? Yes No Direct Drop Ship Fulfillment Warehouse

20. Will product(s) be inspected before shipping? Yes No. By whom _____

21. Sale is: Final On Consignment

22. Will goods be insured while in transit? Yes No. If yes, is insurance transferable or assignable Yes No.

23. What's your price to your customer / buyer (*Invoice amount*): \$ _____

24. What is your total cost of goods (*supplier's invoice plus expenses*): \$ _____

25. Cost of freight / transportation: \$ _____ Duty: \$ _____ Customs: \$ _____

26. Commissions: \$ _____ Bank Cost (*Letter of Credit or Wire Transfer and miscellaneous*): \$ _____

27. Other costs, specify: \$ _____ Gross Margin: \$ _____

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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