



# 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: \_\_\_\_\_



# CONSUMER RECEIVABLES 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. Describe your product or service as sold to your customers (*attach pictures, brochures, or ad copy if applicable*): \_\_\_\_\_

2. How is your product or service marketed to consumers (*check all that applies*): Outbound Call Center / Catalog / TV / Retail Outlet / Internet /  
 If Other, please specify: \_\_\_\_\_

3. Length of time before the product or service is fully delivered to your customer (*please include any promised support and/or guarantees*): \_\_\_\_\_

4. What is your typical customer profile / demographic? \_\_\_\_\_

5. What's the average amount of each sale? \$ \_\_\_\_\_ Do you require a down payment? \$ \_\_\_\_\_

6. Do you currently offer any type of financing? Yes No In-House Other. (*Unless no, please list all funding sources, type of credit being approved, rates they offer & current outstanding receivable balance*): \_\_\_\_\_

7. Do you check credit prior to extending financing: Yes No Credit agency used? \_\_\_\_\_

8. This program will be: New To Replace In addition to/or conjunction with: \_\_\_\_\_

9. What are your payment terms? Daily Weekly Bi-weekly Monthly Other, please specify \_\_\_\_\_

Interest rate % \_\_\_\_\_ Projected 6 month's business: \$ \_\_\_\_\_

10. Does the company have any bad debts? Yes No If yes, how much? \$ \_\_\_\_\_

Delinquent accounts are: Written-off Sent to an agency Ignored Other, please specify \_\_\_\_\_

11. Do you presently work with a Collection Agency? Yes No Name of Agency: \_\_\_\_\_

12. Has there been a change of owner(s), majority shareholder(s), or officer(s) in the last 5 years? Yes No

13. Have you, any owner (s), or the company ever filed for bankruptcy or been in litigation? Yes No

If yes, please explain \_\_\_\_\_

14. How is the owner's personal credit? Excellent Fair Poor. Please explain any problem areas: \_\_\_\_\_

15. Is/are the owner(s) willing to sign a personal oath against committing fraud? Yes No

16. Have you applied for financing with us in the past? Yes No When? \_\_\_\_\_

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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