



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: _____



EQUIPMENT FINANCE FOCUSED QUESTIONS

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

1. What equipment do you want to finance *(please attach pictures, brochures, specifications, ad copy, with quotes and invoice if available)*: _____

2. Condition of Equipment: New Used Excellent Condition Good Fair Poor
(please explain): _____

3. Estimated Cost: \$ _____

4. Your monthly budget for this equipment: \$ _____

5. Desired Term of Payment *(in months)*: 12 24 36 48 60 72
 Other *(please specify)*: _____

6. End of Lease Purchase *(Desired option)*: \$1 10% Fair Market Value (FMV) Other

7. Time frame for purchase: _____

8. Expected date for delivery & acceptance: _____

9. Delivery location *(Street address)*: _____
 City: _____ State: _____ Zip: _____

10. Equipment Seller *(company)*: _____

11. Contact Name: _____ Phone: _____

12. Address: _____ Fax: _____

13. City: _____ State: _____ Zip: _____

14. Website: _____ Email: _____

15. Equipment manufacturer: _____

16. Make & Model: _____ Year: _____

17. Serial Number: _____

18. How's your 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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