



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



# 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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