



**2-Page
Application Only**

Please write clearly or print

- 1. Company Name: _____ Phone _____
- 2. Doing Business As (DBA/Trade Name): _____ Fax _____
- 3. Street Address: _____
- 4. City: _____ State: _____ Zip: _____ Local County: _____
- 5. Date Business Established: _____ Does Company own any real Property: _____ If yes please list addresses:
5b. _____
- 6. Description of Business: _____ Co. email address _____
- 6a. Business Structure: Sole Proprietor Partnership Corporation LLC (Check one) If you are a corporation please tell us who is:
- 6b. The President _____ Vice President _____ Secretary _____ Treasurer _____

PRINCIPALS

- 7. President, Sole Proprietor, or Sr. Partner
Name: _____ Title: _____ DOB: _____
Home Street Address: _____ County _____
City, State, Zip: _____ email address _____
% Owned _____ Home Phone: _____ SS# _____ D. License #: _____ State _____
Cell Phone _____ Alternate Number _____
- 8. Spouse of #7 or other Partner
Name: _____ Title: _____ DOB: _____
Home Street Address: _____ County _____
City, State, Zip: _____ email address _____
Home Phone: _____ SS# _____ D. License #: _____ State _____
Cell Phone _____ Alternate Number _____
- 9. Other Officer, Shareholder, or Other Partner
Name: _____ Title: _____ DOB: _____
Home Street Address: _____ County _____
City, State, Zip: _____ email address _____
% Owned _____ Home Phone: _____ SS# _____ D. License #: _____ State: _____
Cell Phone _____ Alternate Number _____
- 10. Spouse of #9, Shareholder, or Other partner
Name: _____ Title: _____ DOB: _____
Home Street Address: _____ County _____
City, State, Zip: _____ email address _____
Home Phone: _____ SS# _____ D. License #: _____ State _____
Cell Phone _____ Alternate Number _____

SUPPORT INFORMATION

- 11. Name of Accountant: _____ Phone # _____ Fax # _____
Name of Firm: _____ Street Address: _____
City: _____ State: _____ Zip _____
- 12. Name of Attorney: _____ Phone # _____ Fax # _____
Name of Firm: _____ Street Address: _____
City: _____ State: _____ Zip: _____
- 13. Name of Insurance Agent: _____ Phone # _____ Fax # _____
Name of Firm: _____ Street Address: _____
City: _____ State: _____ Zip _____

TAX INFORMATION

- 14. Federal ID Number: _____ Organization ID#: _____ Number of Employees: _____
- 15. How often do you issue Payroll? _____ Weekly, _____ Bi-weekly _____ Monthly _____ Quarterly _____ Yearly
- 16. Do you have any Federal or State Taxes past due? _____. 16a. If yes to #16 has a lien been filed _____ If yes to #16 please explain and list type, quarter/year and amounts: _____
- 17. How often do you remit 941 payroll taxes? _____ Weekly, _____ Bi-weekly _____ Monthly _____ Quarterly _____ Yearly
- 17a. Do you have any judgements or liens? _____. If yes, please briefly explain below or on a separate sheet if necessary:

BANKING INFORMATION

BUSINESS CHECKING ACCOUNT

18. Name of Bank: _____ Date Account Opened: _____ Account # _____
19. Street Address _____ City _____ State _____ Zip _____
20. Name of Officer _____ Phone Number _____ Fax # _____

BUSINESS LOAN ACCOUNT

21. Name of Financial Institution _____ Account # _____
22. Street Address: _____ City _____ State _____ Zip _____
23. Phone Number: _____ Fax# _____ How long with Institution _____ Loan Amount _____
Collateral _____

PERSONAL ACCOUNT OF: President ___ Proprietor ___ Partner _____

24. Name of Bank: _____ Date Account Opened: _____ Account # _____
25. Street Address: _____ City _____ State _____ Zip _____
26. Name of Officer _____ Phone Number _____ Fax # _____

RECEIVABLES INFORMATION

27. What is the purpose of the funds to be generated from factoring? _____
28. Dollar amount of receivables now open: _____ Average Monthly Sales: _____ Number of Customers _____
29. Your Invoice Terms _____ Amount you intend to factor Monthly _____
30. Max anticipated factoring volume? _____
31. Have you factored before? _____. If yes, with whom? _____
32. Are your receivables pledged as Collateral? _____ If yes, pledged to whom _____
33. Any other commercial Loans/Leases outstanding? _____ If yes, please list: _____

YOUR CUSTOMER INFORMATION

Please list 4 major customers, their mailing address, phone number and approximate dollar amount you do with them on a monthly basis.

34. NAMES OF TOP 4 CUSTOMERS	ADDRESS/PHONE	\$ AMOUNT PER MONTH
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____

35. Do you lease your business space? _____ Period of present Lease _____ Name of Landlord _____
36. Street Address: _____ City: _____ State: _____ Zip _____
37. Monthly Rent _____ Phone # _____ Fax # _____
38. How did you hear about us? _____

I/We have been told and do understand that the submission of an application for financing does not mean that FACTOR will provide any financial services whatsoever.

I/We further have been told and do understand that approval to factor may come only after the Board of Directors of FACTOR approves said application and the invoices and or the accounts offered are approved in accordance with the terms of Security Agreement.

The above statements are true and accurate to the best of my knowledge and belief. This serves as my permission for the release of any information regarding this application for the purposes of credit investigation to FACTOR and/or its designees or assignees.

Signed: _____ Dated: _____

Print Name: _____ Title: _____

2700 Post Oak Blvd., Suite 1400, Houston TX 77056 ♦ P.O. Box 35481, Houston, TX 77235

Phone: 281-208-8100 ♦ Fax: 281-208-0107

Web site: <http://www.factorfunding.com> ♦ Email: info@factorfunding.com



Factor Funding Co.

Funding America's Growing Businesses

CLIENT-FOCUSED QUESTIONS

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

1. **What was your total sale last year? \$** _____
2. **What is your average profit margin on each sale? _____% average cost? _____%**
3. **How much do you have in current unpaid invoices (total outstanding A/R)? \$** _____
4. **What is your average customer pay period?** _____
5. **Given the available and increased level of cash flow you will have, how much more in percentages could you increase your business?** _____%
6. **What would be the main purpose of the funds?** _____

7. **What is/are the most important thing(s) to you in choosing a lender or financier?** _____

8. **Are you willing to work with an investor outside of your local community?** _____

9. **Are you willing to introduce the lender to your customers, if it is necessary?** _____
10. **Are you willing to sign a personal guarantee or an oath against committing fraud?** _____

11. **What minimum \$ _____ and maximum \$ _____ per day/week/month total (circle one) would you need?**
12. **What rate(s) would you like to pay?** _____
13. **How would you like to receive the funds? By Check, Bank Transfer or Other, please specify:** _____

14. **How would you like reports of transactions sent to you? (circle one) By Mail, Email, Fax, Phone, or Online Access?** _____
15. **Have you factored under your present or any other names(s)? _____ If yes, please give name(s):** _____

Your response will be held in strict confidence. If you have any questions, please call:

281-208-8100 or Toll Free 1-866-717-2274.

2700 Post Oak Blvd., Suite 1400, Houston TX 77056 ♦ P.O. Box 35481, Houston, TX 77235

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SUPPORT INFORMATION ARE NEEDED TO PROPERLY EVALUATE AND PROCESS YOUR APPLICATION

After you have completed the application, please send it along with the following documents:

- ❑ A copy of your DBA/Business Registration or Certificate of Incorporation and Articles.
- ❑ A copy of each Principal's Identification and Social Security Card.
- ❑ Copy of most recent Accounts Receivable Aging and/or Outstanding Invoices.
- ❑ Copies of Contracts/Purchase Orders (*if applicable*)
- ❑ List of all jobs currently working on (*for construction only*)
- ❑ A copy of Operating Authority (*for truckers only*)
- ❑ Copy of your insurance certificate (*if applicable*)
- ❑ List of all customers you are dealing with (*please include addresses and phone numbers, and contact person. Customers will NOT be contacted until you submit invoices on that customer for funding*)

ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE
Call 281-208-8100 or Toll Free 1-866-717-2274 with any questions.