



FACTOR FUNDING CO.

Phone: 713-660-8300 Toll free: 866-717-2274 Fax: 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 Established: _____ Legal Business Status: 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

ACCOUNTS RECEIVABLE INFORMATION

Bank Name: _____	Anticipated monthly factoring volume: \$ _____
City: _____ State: _____ Zip: _____	Current account balance outstanding: \$ _____
Phone: _____ Fax: _____	Have you factored before? <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Checking Account #: _____	If yes, with whom? _____
Any Commercial Loans Outstanding? <input type="checkbox"/> Yes <input type="checkbox"/> No	How did you hear about Factor Funding? _____
Amount: \$ _____ Loan Account #: _____	What's the purpose of funds? _____
Collateral Pledged: _____	Additional Notes: _____
Bank Officer: _____	

SUPPORT DOCUMENTS CHECKLIST

In order to appropriately evaluate and process your application, please include applicable support documents with your completed application.

- | | |
|---|---|
| <input type="checkbox"/> Articles of Incorporation or Assume Name Certificate | <input type="checkbox"/> Copy of Contract(s) or Purchase Order(s) |
| <input type="checkbox"/> Copy of Applicant(s) Driver's License(s) and Social Security Card(s) | <input type="checkbox"/> Copy of Operating Authority (MC# _____) (Trucking) |
| <input type="checkbox"/> Accounts Receivable Aging and Invoices | <input type="checkbox"/> Worker's Compensation Insurance (Temporary Staffing Firms) |
| <input type="checkbox"/> Copy of Business / Liability Insurance | <input type="checkbox"/> List of all jobs currently working on (Construction) |
| <input type="checkbox"/> Customer List | <input type="checkbox"/> 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: _____



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CONSUMER RECEIVABLES ♦ INSTALLMENTS ♦ CONTRACTS & COLLECTIONS CLIENT-FOCUSED QUESTIONS

Your response to the following questions will help us to appropriately assess your needs and provide customize solutions.

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 sold to consumers (*circle all that applies*): **Outbound Call Center / Catalog / TV / Retail Outlet / Internet / 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 terms: _____ Interest rate % _____ Projected 6 month's business: \$ _____
10. Does the company have any bad debts? Yes No. If yes, how much? \$ _____
11. Do you presently work with a Collection Agency? Yes No. Delinquent accounts are: Written-off Sent to an agency Ignored Other, please specify _____
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 guarantee? Yes No
16. Have you applied for financing with us in the past? Yes No

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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