



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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PURCHASE ORDER FUNDING CLIENT-FOCUSED QUESTIONS

Your response to the following questions will help us to appropriately assess your needs and provide customize solutions. Please include a copy of your Purchase Order(s). Buyer / Supplier will **NOT** be contacted without prior authorization

1. Describe good(s) sold to your customer / buyer (attach pictures, brochures, or ad copy if applicable): _____
2. Your Customer (Company): _____
3. Contact Name: _____ Phone: _____
4. Address: _____ Fax: _____
5. City: _____ State: _____ Zip: _____
6. Website: _____ Email: _____
7. When does you customer expect to take delivery of goods: _____
8. What terms of payment do you extend to your customer: _____
9. Your Supplier (Company): _____
10. Contact Name: _____ Phone: _____
11. Address: _____ Fax: _____
12. City: _____ State: _____ Zip: _____
13. Website: _____ Email: _____
14. Have you purchased these goods from this supplier in the past? Yes No. If yes, when: _____
How often purchased: _____ What is the estimated time of production (please explain): _____
15. 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: _____
16. Will you take possession of the goods prior to delivery to your customer: Yes No Direct Drop Ship
17. Will goods be insured while in transit Yes No. If yes, is insurance transferable or assignable Yes No.
18. What's your price to your customer / buyer (Invoice amount): \$ _____
19. What is your total cost of goods (supplier's invoice plus expenses): \$ _____
20. Cost of freight / transportation: \$ _____ Duty: \$ _____ Customs: \$ _____
21. Commissions: \$ _____ Bank Cost (Letter of Credit or Wire Transfer and miscellaneous): \$ _____
22. Other costs, specify: \$ _____ Gross Margin: \$ _____

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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