



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: _____

PRINCIPALS, 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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CLIENT-FOCUSED QUESTIONS

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

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 total outstanding Accounts Receivables? \$ _____
4. What is your average customer pay period or term? _____
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 sign a personal guarantee or an oath against committing fraud? _____

10. Have you or any owner(s) being convicted of a felony, sued, or filed for bankruptcy? _____

11. What minimum \$ _____ and maximum \$ _____ per day/week/month/ or year (*circle one*) total would you fund?
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)*: _____

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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