



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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EQUIPMENT FINANCE & LEASE BUYBACK CLIENT-FOCUSED QUESTIONS

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

1. **What equipment do you want to finance** *(please attach pictures, brochures, specifications, ad copy, with quotes and invoice if available)*: _____
2. **Condition of Equipment:** New Used Excellent Condition Good Fair Poor
(Please explain): _____
3. **Estimated Cost:** \$ _____
4. **Your monthly budget for this equipment:** \$ _____
5. **Desired Term of Payment** *(in months)* : 12 24 36 48 60 72
Other *(please specify)*: _____
6. **End of Lease Purchase** *(Desired option)*: \$1 10% Fair Market Value (FMV) Other
7. **Time frame for purchase:** _____
8. **Expected date for delivery & acceptance:** _____
9. **Delivery location** *(Street address)*: _____
City: _____ State: _____ Zip: _____
10. **Equipment Seller** *(company)*: _____
11. **Contact Name:** _____ **Phone:** _____
12. **Address:** _____ **Fax:** _____
13. **City:** _____ **State:** _____ **Zip:** _____
14. **Website:** _____ **Email:** _____
15. **Equipment manufacturer:** _____
16. **Make & Model:** _____ **Year:** _____
17. **Serial Number:** _____
18. **How's your personal credit?** Excellent Fair Poor *(please explain any problem areas)*: _____

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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