



REFERRAL AFFILIATE APPLICATION

Company Information:

(Note: Checks for fees will be prepared & mailed exactly as given below.)

Complete Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____ Fax No: _____

Email Address: _____

Website: _____

Company Type (check one) ☐ Sole Prop. ☐ Partnership ☐ Joint Venture ☐ Corporation

Tax ID or SSN No: _____ Years in Business: _____

Management Information:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

About Your Company's Experience:

What are your company's areas of specialty? _____

Anticipated Annual Volume? _____

of Current Factoring Clients _____

Average Size of Current Client _____

Has your company ever referred clients to a Factor before? _____

How did you hear about Transfac Capital? _____

What is the most important feature that a Factor can offer your clients? _____

The above statements and information are true, accurate, complete, and signer acknowledges that Transfac Capital will rely on such truth, accuracy, and completeness.

Date: _____

By: _____

Title: _____

(Authorized Representative)

For Transfac Capital Use Only

Approved By: _____

Approval Date: _____

BD Rep: _____

Date RAA Sent: _____