

**BUSINESS INFORMATION**

Business Name and DBA (if any)		Type of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp	
Year Filed	Federal Tax ID	State Tax ID	State
Office Number	Cell Number	Email	Fax
Address		City, State, Zip	
Mailing Address		City, State, Zip	
Industry Type	SIC Code	Business Description	
Please list any affiliated entities and majority ownership in any other companies.			

SALES INFORMATION

Monthly Business Revenue (\$)	Maximum Funds Needed (\$)	Are any sales: Progress Billing? <input type="checkbox"/> Retention Billing? <input type="checkbox"/> Consigned Billing? <input type="checkbox"/>	Accounting Software Program
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OWNER(S) (If there are additional owners, please include those on a separate sheet.)

Full Name of Owner 1	Title	% of Ownership
Home Address	City, State, Zip	SSN
Full Name of Owner 2	Title	% of Ownership
Home Address	City, State, Zip	SSN

ITEMS REQUIRED TO COMPLETE THE DUE DILIGENCE AND APPROVE FUNDING:

<input type="checkbox"/> Articles of Organization <input type="checkbox"/> Copy of Owner(s) Driver's License(s) <input type="checkbox"/> W-9 <input type="checkbox"/> Copy of General Liability Insurance <input type="checkbox"/> Customer List	<input type="checkbox"/> Copy of Invoice and Support Documentation <input type="checkbox"/> Accounts Receivable Aging <input type="checkbox"/> Image of a voided check For Transportation Companies: <input type="checkbox"/> Copy of Cargo Insurance Certificate <input type="checkbox"/> DOT#, MC# & Copy of Operating Authority	You authorize: DecisionLogic (Provides secure access to your banking data at no cost to you. Acceptance form will provided separately via email. If you opt out of using Decision Logic, we will require Read-Only access to your relevant bank accounts.)
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I/We certify: (i) I/we are authorized to apply on behalf of the company whose full legal name appears above, (ii) all information provided in this application and in the documents and other information provided to Transfac are full, true, correct, and complete. **I/We authorize Transfac to request, receive, and verify credit reports and other financial information regarding applicant(s) and its business that Transfac deems necessary and appropriate;** that Transfac is authorized to file against and execute financing statements with respect to assets in the name of the applicant(s) in favor of Transfac; and that Transfac is authorized to inquire of, investigate, confirm, and verify any information contained in this application, in any documents and other information provided under or pursuant to this application, or learned by Transfac as part of its investigation and review of this application, applicant(s), or applicants' business. **Please be aware that an electronic signature is as legally binding as a handwritten signature.**

OWNER(S) OF THE COMPANY MUST SIGN THIS APPLICATION.

SIGNATURE OF OWNER 1: _____	DATE: _____
SIGNATURE OF OWNER 2: _____	DATE: _____

EMAIL COMPLETED APPLICATION TO: _____