

BUSINESS INFORMATION

SALES INFORMATION

Monthly Business Revenue (\$)	Maximum Funds Needed (\$)	Are any sales: Progress Billing? q Retention Billing? q Consigned Billing? q	Accounting Software Program
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OWNER(S) *(If there are additional owners, please include those on a separate sheet.)*

ITEMS REQUIRED TO COMPLETE THE DUE DILIGENCE AND APPROVE FUNDING:

- ☐ Articles of Organization
- ☐ Copy of Owner(s) Driver's License(s)
- ☐ W-9
- ☐ Copy of General Liability Insurance
- ☐ Customer List

- ☐ Copy of Invoice and Support Documentation
- ☐ Accounts Receivable Aging
- ☐ Image of a voided check
- For Transportation Companies:**
 - £ Copy of Cargo Insurance Certificate, if not part of General Liability
 - £ DOT#, MC# & Copy of Operating Authority

You authorize:

£ **DecisionLogic** (Provides secure access to your banking data at no cost to you. **Acceptance form will be provided separately via email.** If you opt out of using Decision Logic, we will require Read-Only access to your relevant bank accounts.)

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: _____

Corporate: 257 East 200 South, Suite 350 • Salt Lake City, UT 84111 • (800) 458-6056 • Fax (801) 575-6508