



## Account Receivable Factoring Application

Business Exact Legal Name: \_\_\_\_\_

Date Established: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Legal Status: ☐ Corporation ☐ Sole Proprietor ☐ LLC/LLP ☐ Partnership

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

### Company Owners

Full Legal Name: \_\_\_\_\_ DL #: \_\_\_\_\_ DOB: \_\_\_\_\_

Title: \_\_\_\_\_ Soc Sec: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ DL #: \_\_\_\_\_ DOB: \_\_\_\_\_

Title: \_\_\_\_\_ Soc Sec: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### General Information

Federal ID No.: \_\_\_\_\_ MC #: \_\_\_\_\_ Number of Trucks: \_\_\_\_\_

Are you factoring now or have you factored before? Y \_\_\_ N \_\_\_ If yes, with which company? \_\_\_\_\_

Do you have a Letter of Release? Y \_\_\_ N \_\_\_ How did you hear about us? \_\_\_\_\_

Do you have any outstanding judgements or liens? \_\_\_\_\_ Expected Monthly Volume: \_\_\_\_\_

Are you currently under the protection of the United States Bankruptcy Laws? Y \_\_\_ N \_\_\_ BDO: \_\_\_\_\_

*I hereby certify that all information provided on this application is accurate and complete to the best of my knowledge.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**\*\*\* Include a Copy of your Drivers License, Voided Check, Articles of Incorporation, Insurance, W-9 and Authority with this application\*\*\***

**FAX TO (678) 935-4306 FOR 24 HOUR APPROVAL PROCESS OR CALL (888) 942-7253 FOR QUESTIONS!**