



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!