

| Client Profile | | | |
|---|---|--|------------------------|
| Business Name | | Federal Tax ID Number | |
| Street Address | | Date Established | |
| City | State | Zip | MC Number |
| Phone | Type of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership | | |
| Fax | Carrier Authority (check all that apply): <input type="checkbox"/> Common <input type="checkbox"/> Contract <input type="checkbox"/> Brokerage <input type="checkbox"/> Other | | |
| Email | | | |
| Average Monthly Sales \$ | Open Accounts Receivable \$ | Average Invoice Size \$ | |
| Have you or any Principal ever factored invoices or receivables? <input type="checkbox"/> Yes <input type="checkbox"/> No With whom? _____ | | | |
| Are you or any Principal currently in a factoring relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ | | | |
| Pending liens/judgments? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, explain) | Current on all taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, explain) | Ever file bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, date) | |
| Owners/Officers Information | | | |
| I or we hereby certify that all information provided on this Application is true and correct to the best of my/our knowledge and is given to induce Company or its assigns to consider entering into a factoring relationship with the applicant/s at their sole discretion. I or we do hereby authorize Company or its assigns to verify and investigate at any time the information provided herein including obtaining a consumer credit report and other reports necessary for determining the Company's acceptance into the program. | | | |
| OWNERSHIP: PLEASE ACCOUNT FOR 100% | | | |
| Full Legal Name Owner or Officer #1 | | Position | Social Security # |
| Home Address | | Date of Birth | Ownership Percent % |
| City | State | Phone – Home | Phone – Cell |
| Zip | | | |
| Signature | | Date | |
| Full Legal Name Owner or Officer #2 | | Position | Social Security # |
| Home Address | | Date of Birth | Ownership Percent |
| City | State | Phone – Home | Phone – Cell |
| Zip | | | |
| Signature | | Date | |