



J D Factors

APPLICATION TO ENTER INTO A SECURITY AGREEMENT WITH J D FACTORS

Business Name: _____ Corporation Partnership
 LLC Sole Prop

Trade Name(s) (DBA): _____ Phone: _____

Street Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Cell: _____

E-Mail Address: _____ Website: _____

Date Established: _____ Does Company Own Real Property? Yes No

Type of Business: _____

Additional business addresses, if doing business in other locations: _____

1. **PRESIDENT** Name: _____ Drivers License #: _____
 SOLE PROPRIETOR Home Street Address: _____ Own Rent
 SENIOR PARTNER City, State, Zip: _____
 % OWNED _____ Home Phone: _____ SSN#: _____ DOB: _____

2. **VICE PRESIDENT** Name: _____ Drivers License #: _____
 SECRETARY Home Street Address: _____ Own Rent
 OTHER City, State, Zip: _____
 % OWNED _____ Home Phone: _____ SSN#: _____ DOB: _____

3. **OTHER OFFICER** Name: _____ Drivers License #: _____
 SHAREHOLDER Home Street Address: _____ Own Rent
 PARTNER City, State, Zip: _____
 % OWNED _____ Home Phone: _____ SSN#: _____ DOB: _____

4. **OTHER OFFICER** Name: _____ Drivers License #: _____
 SHAREHOLDER Home Street Address: _____ Own Rent
 PARTNER City, State, Zip: _____
 % OWNED _____ Home Phone: _____ SSN#: _____ DOB: _____

SUPPORT INFORMATION

5. Name of Accountant: _____ Firm: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

6. Name of Attorney: _____ Firm: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

7. Name of Insurance Agent: _____ Firm: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

<u>8. Names of Principal Suppliers</u>	<u>Product Supplied</u>	<u>Phone Number</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

9. Are you presently leasing your business space? Yes No Period of Present Lease: _____

10. Name of Landlord and/or Management Company: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ FAX Number: _____ Monthly Rental: _____

BANKING INFORMATION

BUSINESS CHECKING ACCOUNT

11. Name of Bank: _____ Date Acct. Opened: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____ Name of Bank Officer: _____ Phone: _____

BUSINESS LOAN ACCOUNT

12. Name of Financial Institution: _____ Date Acct. Opened: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____ Name of Bank Officer: _____ Phone: _____

PERSONAL ACCOUNT OF:

President Proprietor Partner Name of Partner: _____

13. Name of Bank: _____ Date Acct. Opened: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____ Name of Bank Officer: _____ Phone: _____

TAX INFORMATION

14. Federal Tax ID Number: _____ Number of Employees: _____

15. How often do you file Employment (941) Payroll Taxes: Weekly Monthly Quarterly Annually

16. Do you have any Federal or State Taxes past due? Yes No If yes, has lien been filed? Yes No

 If yes, please list type, quarter/year and amounts: _____

ACCOUNTS RECEIVABLE INFORMATION

17. What will the funds being generated from factoring be used for? _____

18. Amount of receivables now open: _____ Average monthly sales: _____

19. Number of active customers: _____ Terms of sale: _____

20. Amount you intend to factor monthly? _____ Maximum anticipated factoring volume: _____

21. Have you factored/financed before? Yes No

 If yes, with whom? _____

22. Are receivables pledged as collateral? Yes No If yes, pledged to whom? _____

23. Any other commercial loans/leases outstanding? Yes No If yes, please list on the back of this application.

24. How did you find out about J D Factors? _____

The undersigned has been told and understands that the submission of an application for factoring with J D Factors, LLC (hereinafter "J D Factors") does not mean that J D Factors will factor or provide any financial services whatsoever. The undersigned has been told and understands that approval to factor may come only after the management of J D Factors approves said application and the invoices and accounts offered are approved in accordance with the terms of J D Factors' Security Agreement.

The undersigned hereby declares the information provided in this application is true and accurate to the best of my knowledge. This serves as authorization for J D Factors to make whatever inquiries concerning all of the parties listed herein deemed necessary for the purpose of credit investigation in evaluating this application.

Signed: _____ Dated: _____

Print Name and Title: _____

SUPPORT DOCUMENTATION

INFORMATION NEEDED BY J D FACTORS TO EVALUATE THE APPLICATION PRIOR TO ENTERING INTO AN ACCOUNTS RECEIVABLE FACTORING PROGRAM:

- 1. Copy of Articles of Incorporation (showing legal business name and identities of corporate President and Secretary) and/or copy of DBA Filing or Partnership Agreement where applicable _____
- 2. Copy of Annual Reports (if required by State) _____
- 3. Most Recent Financial Statements _____
- 4. Most Recent Income Tax Return _____
- 5. Copies of 941 Withholding Tax Filings for last 4 quarters and proof of payments _____
- 6. Complete Customer List with Customer Names, Addresses and Phone Numbers _____
- 7. Accounts Receivable Aging _____
- 8. Accounts Payable Aging _____
- 9. Copy of the Invoices you wish to factor. Include Purchase Orders and Proof of Delivery for each invoice. _____
- 10. Proof of Insurance (Copy of Certificate/Binder) _____
- 11. Copy of Trucking Authority (Trucking Firms Only) _____

OTHER INFORMATION



J D Factors



J D Factors

REQUEST FOR BANK CREDIT INFORMATION

To: _____

Date: _____

Dear Madam or Sir:

Please accept this letter as written authorization to release all credit and checking information on both my business and personal accounts to:

J D FACTORS, LLC
P.O. Box 687
Wheaton, IL 60187
Fax: (630) 690-5901

Thank you for your cooperation and prompt attention in replying to this request for information.

Sincerely,

X _____

Authorized Client Signature & Title
(Must be authorized signer for both personal and business accounts)

X _____

Company Name

TO: BANK CREDIT DEPARTMENT

FROM: J D FACTORS

RE: _____

BUSINESS ACCOUNT # _____ PERSONAL ACCOUNT # _____

The above account has given the name of your bank and a reference in applying for credit. Thank you for completing the information below and returning this completed form to J D Factors at the location above at your earliest convenience.

BUSINESS DEPOSIT ACCOUNT

PERSONAL DEPOSIT ACCOUNT

Date Opened: _____

Date Opened: _____

Avg. Balance: _____
(low, medium, high)
(three, four, five, six figures) _____

Avg. Balance: _____
(low, medium, high)
(three, four, five, six figures) _____

Deposit Account Satisfactory? ___Yes ___No

Deposit Account Satisfactory? ___Yes ___No

BUSINESS LOAN ACCOUNT

PERSONAL LOAN ACCOUNT

Original Amount: _____ Balance: _____

Original Amount: _____ Balance: _____

Collateral: _____

Collateral: _____

Payments Current? ___Yes ___No

Payments Current? ___Yes ___No

Opening Date: _____

Opening Date: _____

Signature of Bank Representative

Print Name/Title

Date