

## Factoring Application Form

### 1 Tell us who you are

Business Name	Tax ID No. - EIN	URL	Business Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	Zip Code	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Name (Last, First)	Email	Telephone Number	Facsimile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line of Business	Year Incorporated		
<input type="text"/>	<input type="text"/>		

### 2 Financial Information

Total Assets US\$	Total Liabilities US\$	Total Equity US\$	Yearly Sales US\$	No. Employees	No. Active Customers
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Receivables US\$	Total Payables US\$	Avg Inv Amount US\$	Terms of Sales	Sales Supported by	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Contracts	<input type="checkbox"/> Po's
				<input type="checkbox"/> Invoices	

### 3 Credit - Trade References

Bank	City	Telephone Number	Contact (Last, First)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	City	Telephone Number	Contact (Last, First)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trade	City	Telephone Number	Contact (Last, First)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trade	City	Telephone Number	Contact (Last, First)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 4 Shareholders (list all shareholders with more than 25% of equity)

Name	Soc Sec - Tax Id No.	% Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Soc Sec - Tax Id. No	% Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Soc Sec - Tax Id No.	% Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 5 Tell us about your company or business

Has your company ever filed for Bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when?	<input type="text"/>
Has your company ever pledged it's receivables as collateral?	<input type="checkbox"/> Si <input type="checkbox"/> No	If Yes, to who?	<input type="text"/>
Are State and Federal taxes current	<input type="checkbox"/> Si <input type="checkbox"/> No	If no, amount past due?	<input type="text"/>
If not, have any tax liens been filed?	<input type="checkbox"/> Si <input type="checkbox"/> No	If yes, current amount?	<input type="text"/>

**6 Customer Information - Schedule A** (Please list all account debtors (Customers) that you want to factor. All fields must be filled. Customer contact details must be current. Address must be current in order to match customer information)

Customer	Contact (Last, First)	Telephone Number	Facsimile:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	Zip Code	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Yearly Sales US\$	AReivables US\$	Estimated Monthly Sales	Terms of Sale
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
For office use only: CL: <input type="text"/> Cont: <input type="text"/> Rec <input type="text"/> Non Rec <input type="text"/>			

Customer	Contact (Last, First)	Telephone Number	Facsimile:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	Zip Code	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Yearly Sales US\$	AReivables US\$	Estimated Monthly Sales	Terms of Sale
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
For office use only: CL: <input type="text"/> Cont: <input type="text"/> Rec <input type="text"/> Non Rec <input type="text"/>			

Customer	Contact (Last, First)	Telephone Number	Facsimile:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	Codigo Postal	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Yearly Sales US\$	AReivables US\$	Estimated Monthly Sales	Terms of Sale
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
For office use only: CL: <input type="text"/> Cont: <input type="text"/> Rec <input type="text"/> Non Rec <input type="text"/>			

Customer	Contact (Last, First)	Telephone Number	Facsimile:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	Zip Code	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Yearly Sales US\$	AReivables US\$	Estimated Monthly Sales	Terms of Sale
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
For office use only: CL: <input type="text"/> Cont: <input type="text"/> Rec <input type="text"/> Non Rec <input type="text"/>			

The information supplied in this Application and all forms and documents submitted to Factor Brokers, Inc. in connection herewith is true and correct to the best of my knowledge and belief. I/we hereby authorize Factor Brokers, Inc. to verify the accuracy of the statements made in this application and to determine our creditworthiness by checking our credit reports as Factor Brokers, Inc. deems necessary. I/we grant Factor Brokers, Inc. the right to procure any and all credit reports pertaining to any part of this application. Further, your signature authorizes Factor Brokers, Inc. to send information whether commercial, business, or otherwise via facsimile or electronic transmission to the facsimile number or e-mail address I/we have provided herein.

So we can process your application in a timely manner please submit the following documents with your application via email to [credit@factorbrokers.net](mailto:credit@factorbrokers.net) or via facsimil to +1 786-522-6183

1. Tax Returns - Previous 2 year tax returns, if last year has not been filed please include extension form.
2. ID's - copies of drivers license or applicable ID for all company's officers
3. A/R Aging - Current aging report

By: \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Date

For office use only	
Risk Analyst	<input type="text"/>
Risk Limit	<input type="text"/>
	MM/DD/YY