



PO Box 13119
 Florence, SC 29504
 877-669-9902 / 843-669-9902 / 843-669-9903 Fax

Accounts Receivable Factoring Application

Business Name
 (as shown on the Articles of Incorporation or Partnership Agreement):

Date Established: _____ **State of Incorporation:** _____ **Type of Business:** _____

Street Address: _____ **Parish/County:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone: ()** _____ **Fax: ()** _____

Email: _____ **Website:** _____

Principals

Name: _____ **Name:** _____

Title: _____ **DL#:** _____ **Title:** _____ **DL#:** _____

SSN: _____ **DOB:** _____ **% Ownership:** _____ **SSN:** _____ **DOB:** _____ **% Ownership:** _____

Email: _____ **Email:** _____

Home Phone: () _____ **Cell Phone: ()** _____ **Home Phone: ()** _____ **Cell Phone: ()** _____

Home Street Address: _____ **Home Street Address:** _____

City: _____ **State:** _____ **Zip:** _____ **City:** _____ **State:** _____ **Zip:** _____

Receivable Information

Amount of Open Receivables: _____

Average Monthly Sales?: _____

Approx Number of Accounts: _____ **Terms of Sales:** _____

Are you factoring now or have you factored before? Yes No
If yes, with what company?: _____

Amount you intend to factor on a monthly basis: _____

General Information

Federal I.D. No.: _____

Do you have any outstanding judgments/liens? Yes No

If yes, what amount?: _____

Are you currently under the protection of the United States Bankruptcy Laws? Yes No

Who referred you to us?: _____

This serves as my permission for the release of any information regarding this application for the purpose of credit investigation of the company I represent or myself. Please begin the verification and remittance address change process for the accounts receivable submitted to you in order for us to qualify as a client. The above statements are true and accurate to the best of my information and belief.

Date: _____, 20____

SIGNED	TITLE	DATE	SIGNED	TITLE	DATE
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- ALSO PROVIDE:**
- | | |
|-------------------------------|--|
| 1) Articles of Incorporation | 5) Tax Identification Number and Certification |
| 2) Proof of Insurance | 6) Client list of Accounts Receivable aging Report |
| 3) MC Number | 7) Voided Check |
| 4) Previous years Tax Returns | 8) Copy of Drivers License |