

# BUSINESS FUNDING

Accounts Receivable Financing

## FUNDING APPLICATION

Legal Name of Company listed on Articles of Incorporation:

DBA, if applicable: County:

Address: City:

State: Zip:

Phone: Fax:

Cell: Website:

Company is a: ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ LLC

Federal Tax ID #:

Please list any prior companies or other names used over the past five years:

Please list States of Executive Offices/Headquarters over the last ten (10) years:

Date business started: Number of years under same ownership:

State of Incorporation:

Monthly Sales: Amount to Factor:

# of Customers: Sales Terms:

Nature of business:

Are there any judgments or liens filed against you, any company principals or the corporation? ☐ Yes ☐ No

If yes, please explain:

## CURRENT FINANCING

Do you have any outstanding loans or lines of credit? ☐ Yes ☐ No If yes, please explain:

| Lender | Amount Outstanding | Collateral | Contact / Phone |
|--------|--------------------|------------|-----------------|
|        |                    |            |                 |
|        |                    |            |                 |

Have you ever financed or factored any of your receivables? ☐ Yes ☐ No If yes, with whom?:

Are you currently with them? ☐ Yes ☐ No Current amount open: \$

Still submitting invoices? ☐ Yes ☐ No

Please list any other types or sources of financing:

## BANKING INFORMATION

Name of Bank: Date Account Opened:

Number of Accounts: Business Checking Account Number:

Do you maintain a separate payroll account? ☐ Yes ☐ No

Contact Person: Title:

Phone: Fax:

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Number of Accounts:  Business Checking Account Number:

Do you maintain a separate payroll account? ☐ Yes ☐ No

Contact Person:  Title:

Phone:  Fax:

## TAX INFORMATION

Do you utilize a payroll and/or PEO service? ☐ Yes ☐ No If yes, please list name:

How often do you file 941 payroll taxes? ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually

Are your Federal/State payroll taxes current? ☐ Yes ☐ No

If no, please list type, amount & quarters delinquent:

Have any tax liens been filed? ☐ Yes ☐ No

Are you currently obligated to any installment  
Agreements?

☐ Yes ☐ No

Are the Officers and/or Principals delinquent in any tax obligations? ☐ Yes ☐ No

If yes, explain:

Do you collect any State / Local Sales Taxes for goods or services? ☐ Yes ☐ No

If yes, are you current on your tax remittances? ☐ Yes ☐ No If no, explain:

## PROFESSIONAL REFERENCES

Attorney:  Phone:

Accountant:  Phone:

How did you hear of Business Funding?:

## CUSTOMER INFORMATION

Please list your company's five largest customers:

Company Name:  Phone:

City:  State:

Monthly Sales: \$  Average invoice amount: \$

Company Name:  Phone:

City:  State:

Monthly Sales: \$  Average invoice amount: \$

Company Name:  Phone:

City:  State:

Monthly Sales: \$  Average invoice amount: \$

Company Name:  Phone:

City:  State:

Monthly Sales: \$  Average invoice amount: \$

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City:  State:

Monthly Sales: \$  Average invoice amount: \$

Do you provide any goods and/or services on a contra basis? ☐ Yes ☐ No If yes, list:

Do you provide any goods and/or services under any contracts or vendor agreements? ☐ Yes ☐ No If yes, list:

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## OFFICER / PRINCIPAL INFORMATION

|               |                      |                                                    |                                                          |
|---------------|----------------------|----------------------------------------------------|----------------------------------------------------------|
| Full Name:    | <input type="text"/> | Social Security Number:                            | <input type="text"/>                                     |
| DOB:          | <input type="text"/> | Email:                                             | <input type="text"/>                                     |
| Cell Phone:   | <input type="text"/> |                                                    |                                                          |
| Home Address: | <input type="text"/> | City, State, Zip:                                  | <input type="text"/>                                     |
| Title:        | <input type="text"/> | Ownership %:                                       | <input type="text"/>                                     |
|               |                      | Have you declared bankruptcy in the last 10 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Full Name:    | <input type="text"/> | Social Security Number:                            | <input type="text"/>                                     |
| DOB:          | <input type="text"/> | Email:                                             | <input type="text"/>                                     |
| Cell Phone:   | <input type="text"/> |                                                    |                                                          |
| Home Address: | <input type="text"/> | City, State, Zip:                                  | <input type="text"/>                                     |
| Title:        | <input type="text"/> | Ownership %:                                       | <input type="text"/>                                     |
|               |                      | Have you declared bankruptcy in the last 10 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## SUPPORT DOCUMENTATION

The following additional information is needed by Business Funding to determine the feasibility of extending a financing facility to your company. Please include with your completed application:

- ☐ Accounts Receivable summary listing invoices from invoice date (please provide up-to-date information)
- ☐ Accounts Payable summary (please provide up-to-date information)
- ☐ Most recent financial statements (if available) and in detailed format
- ☐ Sample invoice or billing form(s)
- ☐ Supplemental applications as attached

The foregoing information is true and correct to the best of my knowledge and is given to Business Funding for the express purpose of determining the feasibility of obtaining financing. I hereby do authorize Business Funding or its agents, assigns, lenders, lessors or funding sources to verify and investigate any, and all of the foregoing statements, including but not limited to, my/our creditworthiness and financial responsibility, in any way they may choose. I/We grant Business Funding the right to procure any, and all credit reports pertaining to any party listed in this application, but not limited to, all principals of the applicant company. By my signature below, I am duly authorized and exclusively authorized by the parties listed above to grant this permission.

### Prepared and Consented By:

|            |                      |             |                      |
|------------|----------------------|-------------|----------------------|
| Signature: | <input type="text"/> | Print Name: | <input type="text"/> |
| Title:     | <input type="text"/> | Date:       | <input type="text"/> |

Please return the completed application and support documentation to the email address that sent you this form, or call 813-344-4095 with any questions.