



**ACCOUNTS RECEIVABLE FINANCING
APPLICATION**

NAME / ADDRESS:

Name of Business: _____
Tax ID Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Mobile: _____ Fax: _____

COMPANY INFORMATION:

Type of Business: _____
In Business Since: _____
Legal Form Under Which Business Operates:
Corporation Partnership Proprietorship
If Division / Subsidiary, Name of Parent Company: _____
In Business Since: _____

PRINCIPAL INFORMATION:

Last: _____ First: _____ Middle Initial: _____
Title: _____ Phone: _____ Mobile: _____
Address: _____
City: _____ State: _____ Zip: _____
Social Security Number: _____ Drivers License Number: _____

Last: _____ First: _____ Middle Initial: _____
Title: _____ Phone: _____ Mobile: _____
Address: _____
City: _____ State: _____ Zip: _____
Social Security Number: _____ Drivers License Number: _____

BANK INFORMATION:

Business Bank Name: _____	Personal Bank Name: _____
Checking Account Number: _____	Checking Account Number: _____
Savings Account Number: _____	Savings Account Number: _____
Current Balance: _____	Current Balance: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Years with Bank: _____	Years with Bank: _____



ACCOUNTS RECEIVABLE FINANCING APPLICATION

BANK INFORMATION:

Line of Credit Name: _____
Amount of Line: _____
Account Number: _____
Current Balance: _____
Address: _____

Terms: _____
Current Rate: _____

Money Market Account: _____
Account Number: _____
Current Balance: _____
Phone: _____

401k Name: _____
Account Number: _____
Current Balance: _____
Phone: _____

IRA Account Name: _____
Account Number: _____
Current Balance: _____
Phone: _____

TRADE REFERENCES:

Company Name: _____
Contact Name: _____
Address: _____

Phone: _____
Account Opened Since: _____
Credit Limit: _____
Current Balance: _____

Company Name: _____
Contact Name: _____
Address: _____

Phone: _____
Account Opened Since: _____
Credit Limit: _____
Current Balance: _____

Company Name: _____
Contact Name: _____
Address: _____

Phone: _____
Account Opened Since: _____
Credit Limit: _____
Current Balance: _____

IMPORTANT CONTACTS:

Attorney: _____ Accountant: _____ Landlord: _____
Address: _____ Address: _____ Address: _____

Phone: _____ Phone: _____ Phone: _____



**ACCOUNTS RECEIVABLE FINANCING
APPLICATION**

ACCOUNTS RECEIVABLE INFORMATION:

Outstanding Total Receivables: \$ _____
0-30 Days: _____ 31-60 Days: _____
61-90 Days: _____ Over 90 Days: _____
Monthly Sales: _____
Average Invoice Amount: _____
Average Number of Invoices: _____
Average Days to Collect: _____
Amount Requested: _____
Planned Use of Funds: _____
Terms of Payment: _____

COMPANY INFORMATION:

Are there any outstanding loans, commercial or private? Explain: _____	No []	Yes []
Has the Company ever factored or pledged its receivables as collateral? Explain: _____	No []	Yes []
Are there any extended terms granted for any receivables? Explain: _____	No []	Yes []
Are any Federal or State Taxes Delinquent? Explain: _____	No []	Yes []
Are judgments or liens filed against the company? Explain: _____	No []	Yes []
Has the company or its principals ever filed bankruptcy? Explain: _____	No []	Yes []
Has any owner / officer or principal ever been convicted of a felony? Explain: _____	No []	Yes []
Does the company conduct business in more than one location? Explain: _____	No []	Yes []
Is any payroll service used? Explain: _____	No []	Yes []
Has the company ever operated under any other name? Explain: _____	No []	Yes []
Do any of the owners / officers have ownership in any other companies? Explain: _____	No []	Yes []



ACCOUNTS RECEIVABLE FINANCING APPLICATION

KEY ACCOUNTS RECEIVABLE:

Company Name: _____
Contact Name: _____
Address: _____

Phone: _____
Account Opened Since: _____
Monthly Volume: _____
Current Balance: _____

Company Name: _____
Contact Name: _____
Address: _____

Phone: _____
Account Opened Since: _____
Monthly Volume: _____
Current Balance: _____

Company Name: _____
Contact Name: _____
Address: _____

Phone: _____
Account Opened Since: _____
Monthly Volume: _____
Current Balance: _____

Company Name: _____
Contact Name: _____
Address: _____

Phone: _____
Account Opened Since: _____
Monthly Volume: _____
Current Balance: _____

Company Name: _____
Contact Name: _____
Address: _____

Phone: _____
Account Opened Since: _____
Monthly Volume: _____
Current Balance: _____

Company Name: _____
Contact Name: _____
Address: _____

Phone: _____
Account Opened Since: _____
Monthly Volume: _____
Current Balance: _____



ACCOUNTS RECEIVABLE FINANCING APPLICATION

INFORMATION RELEASE AUTHORIZATION:

The information supplied in this Confidential Financing Application, Company Profile form, and all forms and documents submitted (collectively the "Application") to The Financing Desk, its subsidiaries or its Assignee (collectively "Funder") in connection herewith is true and correct to the best of my/our knowledge and belief. By e-Signing this application, I/we hereby authorize Funder to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, or materials or information as requested by Funder and to verify any information provided from any source Funder may choose. I/we grant Funder the right to procure any and all credit or other investigative reports to any party to this application. I/we grant Funder the right to release any of the information contained herein or any results from any investigation of the information contained herein to any third party that may become part of any financing transaction between applicants and Funder or to whom Funder may refer this applicant to for funding. I/we further grant to any source from which Funder has requested information about applicant(s), the authorization to release such information to Funder. Applicant acknowledges that Funder will rely on the information provided herein to make its credit decision regarding Applicant. This Application has been completed and signed or e-Signed under penalty of perjury. A photocopy, including a fax copy, of this authorization may be accepted as an original.

APPLICATION CHECKLIST:

A / R Aging: [] A / P Aging: [] Customer List: []
All Recent Financial Statements: [] Sample Invoices: [] Articles of Incorporation: []
Inventory List: [] WIP (Work in Progress) Report: [] Copy of DL: []

By e-Signing this application, I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature or e-Signature

Date