



Invoice Factoring Application

FAX COMPLETED APPLICATION TO 614-573-7155

BUSINESS INFORMATION	Business Name:		DBA:		
	Phone:		Fax:		
	Address:		City:	State:	Zip:
	Time In Business:	Type Of Business:	Federal Tax ID:		
	Website:	State Incorporated In:	Type Of Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____		
	Direct Contact Person:	Contact Phone:	Contact E-mail:		

Must account for 100% of ownership

OWNERSHIP INFORMATION	Principal 1:		Title:		Ownership %:
	Home Address:		City:	State:	Zip:
	Cell Phone:	Direct E-mail:			
	Driver's License #:	Social Security #:		Date Of Birth:	
	Principal 2:		Title:		Ownership %:
	Home Address:		City:	State:	Zip:
	Cell Phone:	Direct E-mail:			
	Driver's License #:	Social Security #:		Date Of Birth:	

QUESTIONS	Has the company or any of the principals ever declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	ESTIMATES	Estimated Annual Sales:
	Are there any unsatisfied judgments or liens against the company or its principals?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Amount To Factor Monthly:
	Does the company have any outstanding loans or lines of credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No		# Of Companies To Factor:
	Are any Federal, State or withholding taxes not current?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are you doing business under any other name or do you own other businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Has your business been under any other names in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Remember To:

Please attach the following when submitting your application:

- Copies of invoices (current or old) for the companies you want to factor
- Your company aging report

I affirm that all the information provided is true and accurate. I authorize U.S. Financial Companies and its assignees (as deemed necessary) to verify the accuracy of the statements and information provided and to conduct a credit investigation and background check. I further agree that any adverse material change to the financial condition previously supplied must be reported within five (5) days.

X

Signature of Principal 1

Date

X

Signature of Principal 2

Date