

PO Funding & AR Factoring Application

Company & Ownership Information

Legal Name of Company: (as shown on the Articles of Incorporation or Partnership Agreement)				
Legal Form Under Which Business Operates: LLC Corporation Partnership Proprietorship				
Federal ID #:		State of Incorporation:		In Business Since:
10%+ Officers/Owners Name:		US Citizen?	DOB:	SS#
10%+ Officers/Owners Name:		US Citizen?	DOB:	SS#
Address:		City:	State:	Zip:
Main Phone #:	Cell:	E-mail:		
Describe your business & background:				
Average Monthly Billing:	Desired factoring amount:	What is your average invoice size?	Largest Invoice?	Smallest Invoice?
# of Employees:	Do you bill in Progress stages? Yes No	Any sales Bill & Hold? Yes No		

Customers (List your 3 largest) *Your customers will not be contacted at this time.*

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
E-mail:	E-mail:	E-mail:
Payment Terms:	Payment Terms:	Payment Terms:
Current Balance:	Current Balance:	Current Balance:

Financial Information

Do you have any outstanding loans? Yes No	Is your inventory/receivables pledged as collateral? Yes No
Name of Financial Institution(s):	
Loan Amount & Terms:	
Are your Federal, state & payroll taxes current? Yes (if 'Yes', skip to the next section) No (if 'No', answer the following:)	
What is the Federal balance owed: \$	State balance owed: \$
Have any liens been placed? Yes No	Do you have a payment plan? Yes No Monthly Payment (\$):
Is the company, or any officer, involved in any type of litigation or lawsuit? Yes No if 'Yes', please describe:	
Company Attorney:	Phone number:
Company Accountant:	Phone number:
Have you previously Factored? Yes No If yes, with whom:	

Very Important. Please attach the following:

- > Invoice Aging > Accounts Payable Aging > Customer Contracts and/or Purchase Orders > Articles of Incorporation & Operating Agreement
- > Sample invoice with backup documentation (ie, proof of delivery, time sheets or performance reports) > 3 Months of Bank Statements

I attest the statements in this application are true and correct to the best of my knowledge. I authorize Factor, it's agents and/or assigns, to to verify all of these statements in any way they may choose and the right to procure all credit reports of the principles of applicant company.

Signature: _____

Type or print name _____

Title _____

Date _____

How did you hear about us?

Email completed form to underwriting@firstcapitalcf.com

Fax to: (800) 497-7701