



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: <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> 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 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