

Accounts Receivables Factoring Application

GENERAL INFO

Applicant's Legal Business Name (as shown of Articles of Incorporation/Organization, Partnership Agreement, or the applicable organizational document) _____

DBA (if any) _____ Federal ID# _____ State Tax ID # _____

Address _____

City _____ County _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____ Number of Employees _____

Organization Type Proprietorship Partnership Corporation Limited Liability Company

Type of Business _____ State of Incorporation _____ Year Established _____

Contact Person _____ Contact Email _____

Office(s) Leased/Owned Owned Leased (Total Monthly Lease Amount?) _____

Website _____ Referral Source _____

PRINCIPALS(SHAREHOLDERS / PARTNERS)

Legal Name 1 _____ SSN #/EIN _____

Title _____ DOB _____ % Ownership _____

Work Phone _____ Email _____

Home Phone _____ Mobile Phone _____

Home Address _____ City _____ State _____ Zip _____

US Citizen? Yes No (if no, A#) _____

Legal Name 2 _____ SSN #/EIN _____

Title _____ DOB _____ % Ownership _____

Work Phone _____ Email _____

Home Phone _____ Mobile Phone _____

Home Address _____ City _____ State _____ Zip _____

US Citizen? Yes No (if no, A#) _____

(attach if additional)

BUSINESS/TAX DETAILS

Does Applicant, any of its affiliates, or any of its principals have any outstanding liens/judgments? Yes No (if yes, amount) _____

Has Applicant, any of its affiliates, or any of its principals ever declared bankruptcy or been declared insolvent? Yes No (if yes, when) _____

Does Applicant, any of its affiliates, or any of its principals owe any past due State or Federal taxes? Yes No (if yes, amount) _____

Have any of the principals been convicted of a felony? Yes No (if yes, describe) _____

Does Applicant use a payroll service? Yes No (if yes, name) _____

Are any of Applicant's payroll taxes past due? Yes No (if yes, describe) _____

How often does the Applicant file 941 payroll taxes? Weekly Monthly Quarterly Annually

Is Applicant, any principals listed above, any of Applicant's affiliates, or owners of such affiliates involved in any litigation? Yes No (if yes, describe) _____

List previous names(s) / trade name(s) of Applicant _____

RECEIVABLES DATA

What were the total revenues (sales) last 30 days? _____ Last 12 months? _____

How many invoices are generated per month? _____ Average Invoice Amount? _____

Has Applicant ever sold, factored, or pledged its accounts receivable before? Yes No (if yes, to whom) _____

Approximate Number of Accounts? _____ Credit Term of Sales _____

of Accounts to be factored on a monthly basis? _____ Amount to Factor, per month _____

Average Collection Time (in days)? _____ % Writeoff, Last 12 months _____

What documentation is required by customers to accompany Applicant's invoices(e.g. timecards, proof of delivery)? _____

Please list the Applicant's five largest customers(in descending order of volume)

Customer Name _____	Phone _____	City _____	State _____
	Monthly Sales _____	Average Invoice Amt _____	
Customer Name _____	Phone _____	City _____	State _____
	Monthly Sales _____	Average Invoice Amt _____	
Customer Name _____	Phone _____	City _____	State _____
	Monthly Sales _____	Average Invoice Amt _____	
Customer Name _____	Phone _____	City _____	State _____
	Monthly Sales _____	Average Invoice Amt _____	

FINANCIAL DATA

Account 1 _____ Account Name _____

Bank _____ Contact Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Account 2 _____ Account Name _____

Bank _____ Contact Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

(attach if additional)

Does Applicant have any outstanding loans or lines of credit?	Yes	No	(if yes, please detail below)
Lender	_____	Amount	_____ Collateral _____
Lender	_____	Amount	_____ Collateral _____

(attach if additional)

The undersigned hereby represents, warrants and covenants that: (i) all information set forth in this application or which has been or is hereafter made available to Plus Funding Group, its affiliates and representatives by the undersigned or any of its representatives in connection with a potential commercial financing relationship between the Applicant and PFG (collectively, the "Information") is true, accurate, complete and correct in all material respects; and (ii) the Information does not and will not contain any untrue statement or material fact or omit to state any material fact necessary to make the Information contained herein or therein not materially misleading. The undersigned acknowledges that Plus Funding Group, its affiliates and representatives (collectively, "PFG") will rely upon the Information provided to establish Applicant's eligibility and that all Information will be kept strictly confidential. The undersigned hereby consents and specifically authorizes: (a) any and all consumer reporting agencies and any other persons to furnish credit information to PFG on all individuals and businesses whose names appear on this application, (b) PFG to receive and use such information, including but not limited to credit and financial background of the Applicant and its affiliates, officers, directors, employees, agents or representatives to verify the validity and accuracy of all Information; (c) PFG to obtain information about the undersigned, the Applicant and its affiliates, officers, directors, employees, agents or representatives' general reputation, personal characteristics, and to conduct criminal background checks; (d) PFG to receive and exchange credit information and update such information as appropriate during the term of any factoring relationship with Applicant, and (e) PFG to file a UCC-1 financing statement in any jurisdiction while the application is being processed. The undersigned acknowledges that nothing in this application form is intended as a commitment by PFG to provide any funding and that this application and approval thereof remains subject to, among other things, credit and collateral examination, completion by PFG of due diligence, internal approvals, payment of any applicable costs and fees, and the execution and delivery of the necessary and mutually acceptable legal documentation to give effect to the potential commercial financing relationship described herein.

PLEASE SIGN BELOW

Print Name	_____	Sign	_____
Title	_____	Date	_____
Print Name	_____	Sign	_____
Title	_____	Date	_____
Print Name	_____	Sign	_____
Title	_____	Date	_____

NEXT STEPS

- 1 Please sign above and print a copy and fax/email a copy to us. Also be sure to include the "Additional Supporting Data".
- 2 (optional) For even quicker response, you can click the following button below to submit the contents of the form to us ASAP electronically.
Upon receipt of your electronically submitted data, we will look for your faxed/emailed version as well (with supporting data).

[Click here to submit](#)

ADDITIONAL SUPPORTING DATA

Also Provide:

- 1 Photocopy of Driver's license / Social Security card for each principal
- 2 Any and all organizational documents of Applicant including but not limited to (and as applicable): Articles or Certificate of Incorporation, Articles of Organization, Partnership Agreement, Operating Agreement, Bylaws, and Certificate of Assumed Name.
- 3 Full and complete copies of previous 2 years' Federal Income Tax Returns, if applicable
- 4 Tax Identification Number / Certification
- 5 Customer List (past 12 months)
- 6 Accounts receivable aging report (past 24 months)
- 7 Accounts payable summary (past 24 months)
- 8 Most recent financial statements (Income Statement / Balance Sheet)
- 9 Last 6 months of bank statements (summary pages only)
- 10 Sample invoice, along with relevant supporting documentation (timecard, proof of delivery, etc)