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FACTORING APPLICATION

General Information

Legal Name of Business _____ Web Address _____

Trade Name _____ Federal ID# _____

Address _____
Street City State Zip Code

Mailing Address _____
Street City State Zip Code

Telephone _____ Fax _____ e-mail _____

Date Est. _____ Company Structure ☐ Corporation (Year ____ /State ____) ☐ Partnership ☐ Proprietorship

Has there been a change of ownership in the past year? ☐ Yes ☐ No If yes, explain on a separate sheet.

Has the company ever changed its name? ☐ Yes ☐ No If yes, explain on a separate sheet.

Industry Segment ☐ Manufacturing ☐ Wholesale ☐ Retail ☐ Services ☐ Other _____

Brief Description of Business or Primary Product _____

Approximate Number of Employees _____ Does the company own or rent location ☐ Own ☐ Rent

Banking Information

Bank Name _____ Contact _____

Address _____
Street City State Zip Code

Telephone _____ Fax _____ Acct. # _____ Since _____

Loans _____ Collateral _____

Account Information

Accounting Firm _____ Contact _____

Address _____
Street City State Zip Code

Telephone _____ Fax _____ Fiscal Year Begins / Ends _____ / _____

Account Information

Current Outstanding Receivables $ _____ (1 - 30 Days) $ _____ (31 - 60 Days) $ _____ (61 Days and Over)

Approximate Total Number of Invoices per Month _____ Approximate Total Number of Invoices to be Sold per Month _____

Total Billing: *Last 30 Days* $ _____ *Last 12 Months* $ _____

Average Invoice Amount $ _____ Average Days Invoices Outstanding _____ Days

Approximate Total Number of Customers _____ Approximate Total Number of Customers to be on the Pre-Approved List _____

Does Your Invoicing Involve:

☐ Yes ☐ No	Progress Billing	☐ Yes ☐ No	Retainage	☐ Yes ☐ No	Consignment Sales
☐ Yes ☐ No	Contra Accounts	☐ Yes ☐ No	Customer Deposits	☐ Yes ☐ No	Bill Now But Hold in Inventory
☐ Yes ☐ No	Guaranteed Sales	☐ Yes ☐ No	Sales to Affiliates	☐ Yes ☐ No	Billings Prior to Completion
☐ Yes ☐ No	Government Sales				

What documentation is required by your clients to accompany your invoices for payment? _____

Approximate annual dollar volume of sales discounts, returns and allowances: $ _____

Are receivables generated from the sale of goods, services or both? _____

Do you use sub-contractors? ☐ Yes ☐ No Do you supply materials? ☐ Yes ☐ No Do you rent equipment? ☐ Yes ☐ No

Company History

Has this company ever sold, factored or pledged its receivables? ☐ Yes ☐ No

Are the company's receivables currently being sold, factored or pledged? ☐ Yes ☐ No

Have the companies with whom any Officer, Director, Partner or Principal has been associated within the past five years sold, factored or pledged its receivables? ☐ Yes ☐ No

If you answered yes to any of these three questions, please give specifics on a separate sheet and include the following information: (1) company selling receivable (name, address, telephone), (2) company purchasing receivables (name, address, telephone) and (3) dates of transactions.

Is this company now, or has it ever been, in bankruptcy? ☐ Yes ☐ No *If yes, please give specifics on a separate sheet.*

Are there any payroll, state or federal taxes past due? ☐ Yes ☐ No *If yes, please give specifics on a separate sheet.*

Officers / Directors / Partners / Principals Information

For ALL Officers, Directors, partners and Principals - please complete the following information. Use additional sheets as necessary.

Full Name ______________________________
Mr./Ms./Dr. First Middle Last

Home Address ______________________________
Street City State Zip Code

Home Phone __________ Cell Phone __________ Social Security Number ______ - ____ - ______

Date of Birth ____ / ____ / ____ Percentage Ownership ______ % Title __________

Position (check all that apply): ☐ Officer ☐ Director ☐ Partner ☐ Proprietor ☐ Other __________

Full Name ______________________________
Mr./Ms./Dr. First Middle Last

Home Address ______________________________
Street City State Zip Code

Home Phone __________ Cell Phone __________ Social Security Number ______ - ____ - ______

Date of Birth ____ / ____ / ____ Percentage Ownership ______ % Title __________

Position (check all that apply): ☐ Officer ☐ Director ☐ Partner ☐ Proprietor ☐ Other __________

Full Name ______________________________
Mr./Ms./Dr. First Middle Last

Home Address ______________________________
Street City State Zip Code

Home Phone __________ Cell Phone __________ Social Security Number ______ - ____ - ______

Date of Birth ____ / ____ / ____ Percentage Ownership ______ % Title __________

Position (check all that apply): ☐ Officer ☐ Director ☐ Partner ☐ Proprietor ☐ Other __________

Full Name ______________________________
Mr./Ms./Dr. First Middle Last

Home Address ______________________________
Street City State Zip Code

Home Phone __________ Cell Phone __________ Social Security Number ______ - ____ - ______

Date of Birth ____ / ____ / ____ Percentage Ownership ______ % Title __________

Position (check all that apply): ☐ Officer ☐ Director ☐ Partner ☐ Proprietor ☐ Other __________

Top Ten Clients

	Customer Name	Address	Phone #	Annual Sales Volume ($)	Current Outstanding Accounts/Receivable ($)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Document Checklist

- ☐ Detailed Accounts Receivable Aging by Customer
- ☐ Detailed Accounts Payable Aging
- ☐ Most Recent Income Statement and Balance Sheet
- ☐ Past Three (3) Years Federal Income Tax Statements
- ☐ Assumed Name Certificate, Partnership Agreement or Articles of Incorporation with Certificates of Incorporation from State
- ☐ Complete Customer List with Contact Name, Address and Phone Numbers
- ☐ Copies of Invoice Documentation (Invoice and Supporting Documentation, e.g. Purchase Order, Signed Time Card, Proof of Delivery, Bill of Lading, Signed Delivery Ticket)
- ☐ Other _____

The information supplied in the Prospective Client Information Form and all forms and documents submitted to Ameritex Capital, LLC, in connection herewith is true and correct to the best of my knowledge and belief. I/we hereby authorize Ameritex Capital, LLC, its funding sources, agents, and/or assigns to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, etc. as Ameritex Capital, LLC, its funding sources, agents and/or assigns deems necessary. I/we grant Ameritex Capital, LLC, its funding sources, agents and/or assigns the right to procure any and all credit reports pertaining to any party to this application. I/we grant Ameritex Capital, LLC, its funding sources, agents and/or assigns the right to file liens on my/our company's accounts receivables.

Signed By _____ Title _____ Date _____