

 **AMERICA'S FACTORS**

Tel 800-672-7451 Fax 800-672-7125

Application To Enter Into A Security Agreement With America's Factors

1. Business Name: _____

2. Street Address: _____ Phone: (____) _____ Fax: (____) _____

3. City: _____ State: _____ Zip: _____

4. Date Established: _____ Does Company Own Real Property? ___Yes ___No

5. If doing business in more than one place, list additional addresses: _____

6. Type of Business: _____

7. Email Address: _____

8. ___ **PRESIDENT** Name: _____ Drivers License #: ________ **SOLE PROPRIETOR** Home Street Address: _____ ___Own ___Rent___ **SENIOR PARTNER** City, State, Zip: _____

% OWNED _____ Home Phone: (____) _____ SSN#: _____ DOB: _____

9. ___ **SECRETARY** Name: _____ Drivers License #: ________ **OTHER PARTNER** Home Street Address: _____ ___Own ___Rent

City, State, Zip: _____

% OWNED _____ Home Phone: (____) _____ SSN#: _____ DOB: _____

10. ___ **OTHER OFFICER** Name: _____ Drivers License #: ________ **SHAREHOLDER** Home Street Address: _____ ___Own ___Rent___ **PARTNER** City, State, Zip: _____

% OWNED _____ Home Phone: (____) _____ SSN#: _____ DOB: _____

11. ___ **OTHER OFFICER** Name: _____ Drivers License #: ________ **SHAREHOLDER** Home Street Address: _____ ___Own ___Rent___ **PARTNER** City, State, Zip: _____

% OWNED _____ Home Phone: (____) _____ SSN#: _____ DOB: _____

SUPPORT INFORMATION

12. Name of Accountant: _____ Firm: _____ Phone: (____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

13. Name of Attorney: _____ Firm: _____ Phone: (____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

14. Name of Insurance Agent: _____ Firm: _____ Phone: (____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

TAX INFORMATION

15. Federal ID Number: _____ Number of Employees: _____

16. How often do you file 941 Payroll Taxes: ___Weekly ___Monthly ___Quarterly ___Yearly

17. Do you have any Federal or State Taxes past due? ___Yes ___No If yes, has lien been filed? ___Yes ___No

18. If yes to #17, please list type, quarter/year and amounts: _____

BANKING INFORMATION

BUSINESS CHECKING ACCOUNT

19. Name of Bank: _____ Date Acct. Opened: _____

20. Street Address: _____ City: _____ State: _____ Zip: _____

21. Account Number: _____ Name of Bank Officer: _____ Phone: (____) _____

BUSINESS LOAN ACCOUNT

22. Name of Financial Institution: _____ Date Acct. Opened: _____

23. Street Address: _____ City: _____ State: _____ Zip: _____

24. Account Number: _____ Name of Bank Officer: _____ Phone: (____) _____

PERSONAL ACCOUNT OF:

___President ___Proprietor ___Partner Name of Partner: _____

25. Name of Bank: _____ Date Acct. Opened: _____

26. Street Address: _____ City: _____ State: _____ Zip: _____

27. Account Number: _____ Name of Bank Officer: _____ Phone: (____) _____

SUPPLIER INFORMATION

28. NAMES OF PRINCIPAL SUPPLIERS PRODUCT SUPPLIED PHONE NUMBER

A. _____ () _____

B. _____ () _____

C. _____ () _____

29. Are you presently leasing your business space? ___Yes ___No Period of Present Lease: _____

30. Name of Landlord and/or Management Company: _____

31. Street Address: _____ City: _____ State: _____ Zip: _____

32. Phone Number: () _____ Monthly Rental: _____

RECEIVABLE INFORMATION

33. What is the purpose of the funds being generated from factoring/financing? _____

34. Dollar Amount of Receivables Now Open: _____ Ave. Monthly Sales: _____

35. Approximate Number of Customers: _____ Terms of Sale: _____

36. Amount you intend to factor/finance on a mo. basis? _____ Maximum Anticipated factoring/financing volume: _____

37. Have factored/financed before? ___Yes ___No

If yes, with what company have you/are you factoring/financing? _____

38. Are receivables pledged as collateral? ___Yes ___No If yes, pledged to whom? _____

39. Any other Commercial Loans/Leases Outstanding? ___Yes ___No If yes, please list on the back of this application.

40. How did you find out about **AMERICA'S FACTORS**? _____

I/We have been told and do understand that the submission of an application for financing with America's Factors does not mean that America's Factors will factor/finance or provide any financial services whatsoever.

I/We further have been told and do understand that approval for factor/finance may come only after the management of America's Factors approves said application and the invoices/accounts offered are approved in accordance with the terms of America's Factors Security Agreement.

The above statement are true and accurate to the best of my information and belief. This serves as my permission for the release of any information regarding the application for the purposes of credit investigation to America's Factors.

Signed: _____ Dated: _____, 20_____

Print Name and Title: _____

SUPPORT DOCUMENTATION

INFORMATION NEEDED BY AMERICA'S FACTORS FINANCE TO DETERMINE THE FEASIBILITY OF ENTERING INTO AN ACCOUNTS RECEIVABLE PROGRAM:

1. Copy of Articles of Incorporation (showing legal business name and identities of corporate President and Secretary) and/or copy of DBA Filing or Partnership Agreement where applicable. _____ []
2. Financial Statements _____ []
3. Most Recent Income Tax Return _____ []
4. Copy of 941 Withholding Tax Filing for last 4 quarters and proof of payments _____ []
5. Master Customer List complete with Customer Names, Addresses and Phone Numbers _____ []
6. Accounts Receivable Aging _____ []
7. Accounts Payable Aging _____ []
8. Copy of the Invoices you wish to finance. Include Purchase Order and/or Proof of Delivery for each invoice. _____ []

ADDITIONAL INFORMATION FOR TRUCKING FIRMS

1. Copy of Trucking Authority _____ []
2. Proof of Insurance (Copy of Binder) _____ []

ADDITIONAL INFORMATION FOR AGRICULTURAL ACCOUNTS

1. Copy of current PACA license _____ []

NOTES





REQUEST FOR BANK CREDIT INFORMATION

TO: _____

DATE: _____

Dear Madam or Sir:

Please accept this letter as written authorization to release all credit and checking information on both my business and personal accounts to:

AMERICA'S FACTORS
CENTRAL PROCESSING
10430-26 Pioneer Blvd.
Santa Fe Springs, CA 90670
(562) 903-3999 or (800) 672-7451
Fax: (562) 903-1939

Thank you for your cooperation and prompt attention in replying to this request for information.

Sincerely,

Authorized Client Signature & Title
(Must be authorized signature for personal and business accounts)

Company Name

TO: BANK CREDIT DEPARTMENT

FROM: AMERICA'S FACTORS

RE: _____

BUSINESS ACCOUNT # _____ PERSONAL ACCOUNT # _____

The above account has given the name of your bank and a reference in applying for credit. Thank you for completing the information below and returning the completed form to America's Factors at your earliest convenience.

BUSINESS DEPOSIT ACCOUNT

PERSONAL DEPOSIT ACCOUNT

Date Opened: _____

Date Opened: _____

Ave. Balance: _____
(low, medium, high)
(three, four, five, six figures)_____

Ave. Balance: _____
(low, medium, high)
(three, four, five, six figures)_____

Deposit Account Satisfactory? ___Yes ___No

Deposit Account Satisfactory? ___Yes ___No

BUSINESS LOAN ACCOUNT

PERSONAL LOAN ACCOUNT

Original Amount: _____ Balance: _____

Original Amount: _____ Balance: _____

Collateral: _____

Collateral: _____

Payments Current? ___Yes ___No

Payments Current? ___Yes ___No

Opening Date: _____

Opening Date: _____

Signature of Bank Representative

Title

Date