

# Application for Factoring Agreement



[Redacted]

Legal Name of Business: \_\_\_\_\_

Trade Name: \_\_\_\_\_ Federal ID#: \_\_\_\_\_

Office Address: \_\_\_\_\_  
Physical Address                      City                      County                      State                      Zip

Mailing Address: \_\_\_\_\_  
Street/P.O. Box                      City                      County                      State                      Zip

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Toll Free: \_\_\_\_\_ Email: \_\_\_\_\_

Date Est'd: \_\_\_\_\_ Company Structure: Corporation \_\_\_\_ (Year \_\_\_\_ State \_\_\_\_); Partnership \_\_\_\_; Proprietorship \_\_\_\_  
Other \_\_\_\_ Explain: \_\_\_\_\_

Has there been a change of owners in the past year? No  Yes  If yes, explain: \_\_\_\_\_

Has the Company ever changed its name? No  Yes  If yes, explain: \_\_\_\_\_

Brief description of business or primary product: \_\_\_\_\_

Name of Primary Bank: \_\_\_\_\_ Account Officer: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

[Redacted]

## ALL OFFICERS, DIRECTORS, PARTNERS, and PRINCIPALS, please complete the following information:

Full Name: \_\_\_\_\_  
First                      Middle                      Last                      Sr/Jr., etc.

Home Address: \_\_\_\_\_  
Street                      City                      County                      State                      Zip

Home Phone: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ DL No./State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_ Title (if any): \_\_\_\_\_

Full Name: \_\_\_\_\_  
First                      Middle                      Last                      Sr/Jr., etc.

Home Address: \_\_\_\_\_  
Street                      City                      County                      State                      Zip

Home Phone: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ DL No./State: \_\_\_\_\_

