



U.S. Financial COMPANIES

Ph: 888-581-5990
www.usfinco.com

CONFIDENTIAL

INVOICE FACTORING APPLICATION

PLEASE COMPLETE & FAX TO: 614-573-7155

GENERAL INFORMATION

Business Name _____ Email _____

Street Address, City, State, Zip _____

Phone _____ Fax _____ Cell _____

Time in Business _____ Type of Entity: Corporation LLC Sole Proprietor

Federal Tax I.D. _____ Type of Business _____

Your Website _____ How did you hear about us? _____

OWNERSHIP INFORMATION (must account for 100%)

Note: If there are more than two principals, please attach information on a separate page.

Principal 1

Name _____ Title _____ % Owned _____

Home Street Address, City, State, Zip _____

Social Security # _____ Date of Birth _____ Driver's License # _____

Principal 2

Name _____ Title _____ % Owned _____

Home Street Address, City, State, Zip _____

Social Security # _____ Date of Birth _____ Driver's License # _____

OPERATIONAL INFORMATION

Estimated Annual Sales _____ Amount to factor monthly _____

Has the company or any of the principals ever declared bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any unsatisfied judgments or liens against the company or its principals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the company have any outstanding loans or lines of credit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are Federal, State and withholding taxes current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you doing business under any other name or do you own any other businesses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your business been under any other names in the last five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please list the clients you wish to fund below (or attach a separate list) & attach a current aging report.

Name	Headquarter Address	Headquarter Phone
_____	_____	_____

I affirm that all the information provided is true & accurate. I authorize U.S. Financial Companies and its assignees (as deemed necessary) to verify the accuracy of the statements and information provided and to conduct a credit investigation and background check. I further agree that any adverse material change to the financial condition previously supplied must be reported within fifteen (15) days.

SIGN HERE

SIGN HERE

Signature (Principal 1)

Date

Signature (Principal 2)

Date