



**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?  Yes  No

Are there any unsatisfied judgments or liens against the company or its principals?  Yes  No

Does the company have any outstanding loans or lines of credit?  Yes  No

Are Federal, State and withholding taxes current?  Yes  No

Are you doing business under any other name or do you own any other businesses?  Yes  No

Has your business been under any other names in the last five years?  Yes  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**