



Invoice Factoring Application

FAX COMPLETED APPLICATION TO 614-777-0001

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|-----------------------------|------------------------|------------------------|---|--------|------|
| BUSINESS INFORMATION | Business Name: | | DBA: | | |
| | Phone: | | Fax: | | |
| | Address: | | City: | State: | Zip: |
| | Time In Business: | Type Of Business: | Federal Tax ID: | | |
| | Website: | State Incorporated In: | Type Of Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____ | | |
| | Direct Contact Person: | Contact Phone: | Contact E-mail: | | |

Must account for 100% of ownership

| | | | | | |
|------------------------------|---------------------|--------------------|--------|----------------|--------------|
| OWNERSHIP INFORMATION | Principal 1: | | Title: | | Ownership %: |
| | Home Address: | | City: | State: | Zip: |
| | Cell Phone: | Direct E-mail: | | | |
| | Driver's License #: | Social Security #: | | Date Of Birth: | |
| | Principal 2: | | Title: | | Ownership %: |
| | Home Address: | | City: | State: | Zip: |
| | Cell Phone: | Direct E-mail: | | | |
| | Driver's License #: | Social Security #: | | Date Of Birth: | |

| | | | | |
|------------------|---|--|------------------|---------------------------|
| QUESTIONS | Has the company or any of the principals ever declared bankruptcy? | <input type="checkbox"/> Yes <input type="checkbox"/> No | ESTIMATES | Estimated Annual Sales: |
| | Are there any unsatisfied judgments or liens against the company or its principals? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount To Factor Monthly: |
| | Does the company have any outstanding loans or lines of credit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | # Of Companies To Factor: |
| | Are any Federal, State or withholding taxes not current? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | Are you doing business under any other name or do you own 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 | | |

Remember To:

Please attach the following when submitting your application:

- Copies of invoices (current or old) for the companies you want to factor
- Your company aging report

I affirm that all the information provided is true and 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 five (5) days.

X

Signature of Principal 1

Date

X

Signature of Principal 2

Date