



RELIABLE FACTOR\$

PO Box 13119

Florence, SC 29504

877-669-9902 / 843-669-9902 / 843-669-9903Fax

Accounts Receivable Factoring Application

Business Name

(as shown on the Articles of Incorporation or Partnership Agreement):

Date Established:

State of Incorporation:

Type of Business:

Street Address:

Parish/County:

City:

State:

Zip:

Phone: ()

Fax: ()

Email:

Website:

Principals

Name:

Name:

Title:

DL#:

Title:

DL#:

SSN:

DOB:

% Ownership:

SSN:

DOB:

% Ownership:

Email:

Email:

Home Phone: ()

Cell Phone: ()

Home Phone: ()

Cell Phone: ()

Home Street Address:

Home Street Address:

City:

State:

Zip:

City:

State:

Zip:

Receivable Information

Amount of Open Receivables:

General Information

Federal I.D. No.:

Average Monthly Sales?:

Do you have any outstanding judgments/liens? Yes No

Approx Number of Accounts:

Terms of Sales:

If yes, what amount?:

Are you factoring now or have you factored before? Yes No

If yes, with what company?:

Are you currently under the protection of the United States Bankruptcy Laws? Yes No

Amount you intend to factor on a monthly basis:

Who referred you to us?:

This serves as my permission for the release of any information regarding this application for the purpose of credit investigation of the company I represent or myself. Please begin the verification and remittance address change process for the accounts receivable submitted to you in order for us to qualify as a client. The above statements are true and accurate to the best of my information and belief.

Date: _____, 20_____

SIGNED

TITLE

DATE

SIGNED

TITLE

DATE

ALSO PROVIDE:

- | | |
|-------------------------------|--|
| 1) Articles of Incorporation | 5) Tax Identification Number and Certification |
| 2) Proof of Insurance | 6) Client list of Accounts Receivable aging Report |
| 3) MC Number | 7) Voided Check |
| 4) Previous years Tax Returns | 8) Copy of Drivers License |