



## Application

### CONTACT

Business Legal Name: \_\_\_\_\_  
*(As listed on Articles of Incorporation, Registration or Partnership Agreement)*

Primary Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Website \_\_\_\_\_ Email(s) \_\_\_\_\_

State of Incorporation or Registration \_\_\_\_\_  
DBA \_\_\_\_\_

Additional Location(s) \_\_\_\_\_

### BUSINESS INFORMATION

*Business Type:*      Manufacturing      Wholesale      Distributor      Service      Other

Describe Business  
\_\_\_\_\_  
\_\_\_\_\_

Previous Business Name(s) \_\_\_\_\_

Has there been a change in ownership or business name in the last 5 years?    NO    YES  
If YES, please explain \_\_\_\_\_

Has the company or any principals currently or previously been in bankruptcy?    NO    YES  
If YES, please explain \_\_\_\_\_

Does the company or its principals have any pending or past judgments, liens or lawsuits filed against them?  
NO    YES  
If YES, please explain \_\_\_\_\_

Have any of the principals been accused of fraud?  NO  YES, please explain \_\_\_\_\_

### TAX INFORMATION

Federal Tax ID \_\_\_\_\_

Does the company have any Federal or State taxes past due, including but not limited to employment taxes?  
NO    YES, please explain \_\_\_\_\_



Has the company currently or previously had any tax liens or levies filed?    NO    YES, please explain \_\_\_\_\_

**PRINCIPALS**

Title:	Name	Home Telephone
% Owned:	Home Address	
	City, State ZIP	
	SSN#	Date of Birth

  

Title:	Name	Home Telephone
% Owned:	Home Address	
	City, State ZIP	
	SSN#	Date of Birth

*Attach separate sheet if necessary for additional principals*

**BANK**

Primary Bank \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

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

**ACCOUNTS RECEIVABLE INFORMATION**

Balance of Accounts Receivable \$ \_\_\_\_\_ as of \_\_\_\_\_

Aging of Accounts Receivable:  
 0-30 \_\_\_\_\_ 31-60 \_\_\_\_\_ 61-90 \_\_\_\_\_ 91+ \_\_\_\_\_

Terms of Sale \_\_\_\_\_ Number of accounts \_\_\_\_\_ % of accounts on credit \_\_\_\_\_

**List Largest Accounts**

Name	Address	Phone & Website	Average Monthly Sales	Average Invoice Amount



Have the accounts receivable been factored or financed currently or previously?    NO    YES  
 If YES, please list with who and when \_\_\_\_\_

Are any goods or services sold as: progress billing, consignment, pay on scan, guaranteed sales?    NO    YES

Does the company buy and sell to the same account (contra account)    NO    YES

**OTHER BUSINESS LOANS**  
 Does the company have any current UCC1 filings?    NO    YES, please explain \_\_\_\_\_

Does the company have any other outstanding business loans?    NO    YES, please list below

Lender Name	Purpose of Loan	Loan Amount	Term of Loan

**SUPPLIERS**  
 Please list principal suppliers

Supplier Name	Product	Contact	Telephone & Email

**STATEMENT / AUTHORIZATION**

I/we certify that the above information is correct and complete and further understand that Factors Southwest, L.L.C. will rely on this information for the extension of credit.

I/we authorize Factors Southwest, L.L.C. at any time and from time to time to obtain whatever information, including Credit Reports, regarding employment, bank accounts, and/or outstanding credit (mortgage, auto, personal, charge cards, etc.) that is deemed necessary in connection with this application or in the course of review or collection of any credit extended in reliance on this application on any individuals listed above. I/we authorize Factors Southwest, L.L.C. to obtain credit and funding information from other persons or entities listed above. I / we agree that such information, along with this application, shall remain the property of Factors Southwest, L.L.C. whether or not the application is approved. Applicant authorizes Factors Southwest, L.L.C. to contact references and credit bureaus and to file UCC financing statements to speed the application process.

This authorization will be valid for a period of two years from the date below or as long as applicant has an outstanding balance with Factors Southwest, L.L.C. A photocopy of this authorization will be as valid as the original

Applicant(s):

By: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_



***Please fax the completed application and the following to 480-947-9449:***

- Current accounts receivable aging
- Current accounts payable aging
- Corporate or personal tax returns for the previous fiscal year
- Current balance sheet and income statement