

Industrial Financial Services, Inc.

Vehicle & Equipment Financing Specialists

3001 Bethel Rd. Suite 108 • Columbus, OH 43220
 Toll Free: 800-778-2073
 Tel: 614-777-0000
 Fax: 614-573-7155



Factoring Application

APPLICATION INFORMATION		
Exact Business Legal Name:		
Address:		
City:	State:	Zip:
Contact Person (Full Name):		
Phone:	Fax:	
Type Of Business:		
Corporate Structure: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other		
State:	Date Registered:	SSN or Tax ID #:
Are Taxes Current? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, How Much Owed?		
Average Invoice Amount (\$):	Approx. Monthly Amt. To Be Financed(\$):	
Are Receivables Pledged Elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, To Whom?		

List Major Clients Billed On A Regular Basis:

Amt. Open Or To Be Billed	Company Name	City/State	Phone	Pays In _____ Days
\$				
\$				
\$				
\$				

SIGNATURE	
Signature:	Date:
Printed Name:	Title:

FAX COMPLETED APPLICATION BACK TO 614-573-7155
Remember: Attach the aging report and customer list when faxing

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Aging Report And Customer List

YOUR INFORMATION	
Your Company Name:	Phone:

ACCOUNT RECEIVABLE AGING REPORT				
Customer Name	0-30 Days	31-60 Days	61-90 Days	91-120+ Days
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$
7.	\$	\$	\$	\$
8.	\$	\$	\$	\$
9.	\$	\$	\$	\$
10.	\$	\$	\$	\$

CUSTOMER LIST INFORMATION				
Company Name	Address	City	State	Phone
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

FAX THIS COMPLETED FORM WITH YOUR FACTORING APPLICATION TO 614-573-7155