

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		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		% Owne	ed					
Home Street Address, City, State, 7	Zip								
Social Security #	Date of Birth	Dr	iver's License	#					
Principal 2 Name	Title		% Owne	ed					
Home Street Address, City, State, Zip									
Social Security #	Date of Birth	Dr	iver's License	#					
OPERATIONAL INFORMATION									
Estimated Annual Sales Amount to factor monthly									
Has the company or any of the princ Are there any unsatisfied judgments Does the company have any outstand Are Federal, State and withholding t Are you doing business under any of Has your business been under any of	or liens against the com ding loans or lines of cre axes current? ther name or do you own ther names in the last five	pany or its principa edit? n any other business re years?	$ \begin{array}{c} $	es Do es No es No es No es No es No					
Please list the clients you wish	to fund below (or attac	ch a separate list) o	& attach a cu	rrent aging report.					
Name				Iquarter 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