Factoring Application

CLIENT INFORMATION

Legal Company Name: _____

DBA Name (If applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

Office Phone #: _____ Cell: _____ Fax: _____

Contact: _____ Title: _____ Email: _____

Does Company: ___ Own ___ Rent   Monthly Rental or Mortgage Payments: $ _____

Company Structure: ___ Corporation ___ LLC ___ Partnership ___ Sole Proprietor Other _____

Date Est: _____ State of Incorporation: _____ Date of Incorporation: _____

Employer Identification #: _____ Describe your business/service provided:

_____

Does company or its owners have current or recent: (Check all that apply and attach details separately)

___ Judgments ___ Lawsuits ___ Liens ___Back taxes ___Bankruptcy ___N/A Balance Owed: $ __

Are receivables pledged as collateral? ___ Yes ___ No   Are payroll taxes current? ___ Yes ___ No

Are federal taxes current? ___ Yes ___ No   Do you have any outstanding loans? ___ Yes ___ No

If Yes, Name of Lender: _____ Loan Balance: $_____

Purpose of Loan:_____ How did you find out about Flash Funding? _____

RECEIVABLES INFORMATION

How do customers place orders? ___ Email ___PO's ___ Releases Other _____

Normal Terms of Sale: ___ Due Upon Receipt ___ Net 30 ___ Net 60 – 90 Other: _____

# of Active Customers: ____ Average Invoice Amount: $_____ # of Invoices per Month: _____

What is the gross dollar amount of invoices that you intend to factor each month? $_____

Have you ever factored before? ___ Yes ___ No   If so, with whom? _____

PRINCIPALS OF COMPANY

Name 1: _____ Title: _____ % of Ownership: _____

Home Address:_____ City: _____ State: ___ Zip: _____

Cell Phone: _____ Email: _____ DOB: _____

SS#: _____ Driver License #:_____ State: _____

Name 2: _____ Title: _____ % of Ownership: _____

Home Address:_____ City: _____ State: ___ Zip: _____

Cell Phone: _____ Email: _____ DOB: _____

SS#: _____ Driver License #:_____ State: _____

BANK REFERENCES

Name of Institution: _____

Address: _____ City: _____ State: _____ Zip:_____

Phone #: _____ Contact: _____

Name of Institution: _____

Address: _____ City: _____ State: _____ Zip:_____

Phone #: _____ Contact: _____

Accountant: Name: _____ Phone #: _____

              Fax #: _____ Email: _____

Attorney: Name: _____ Phone #: _____

              Fax #: _____ Email: _____

Insurance   Name: _____ Phone #: _____

Agent: Fax #: _____ Email: _____

PRINCIPAL CUSTOMER INFORMATION

List the largest customers you wish to factor. Customers will not be initially contacted.

Monthly Sales / Average Invoice	Name	City/State	Phone
$ _____/_____	_____	_____	_____
$ _____/_____	_____	_____	_____
$ _____/_____	_____	_____	_____

Please include copies of requested documents from attached Checklist.

I understand that the Application information will be reviewed to determine if a relationship between Applicant and Flash Funding, LLC would be mutually beneficial. The foregoing information is true and correct to the best of my knowledge, and I authorize Flash Funding, LLC to investigate this information, including any and all credit report information.

SIGNATURE 1: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

SIGNATURE 2: _____ DATE: _____

PRINT NAME: _____ TITLE: _____