

A PLUS FACTORING APPLICATION TO FACTOR ACCOUNTS RECEIVABLE

Full Legal Name of Company:		Date:
Other Trade Names:		
Prior Business Name(s):		Years in Business:
Business Structure: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership		Federal Tax ID:
Principal Owner:	Title:	SSN:
Authorized Contact:	Title:	SSN:
Business Address:		
City:	State:	Zip:
Home Address:		
City:	State:	Zip:
Office Phone:	Cell Phone:	
Email Address:		
Estimate amount to factor each month: \$		

Primary Customers/Debtors you contract with including monthly dollar amount

Customer Name:	Amount:
Customer Name:	Amount:
Customer Name:	Amount:
General Business Description:	Average Invoice Amount: \$

Please answer the following questions (Yes or No)

Have you or has your company ever filed for bankruptcy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Year:
Do you or does your company have any past due federal or state taxes?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are there any UCC filings against you or against your company?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are there any liens against you or your company?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you or has your company ever used or currently using a factoring company?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Company:
Are you currently insured?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Company:

How did you hear about us?

I/WE HAVE BEEN INFORMED AND FULLY UNDERSTAND THAT THE SUBMISSION OF AN APPLICATION FOR FACTORING TO A PLUS FACTORING DOES NOT GUARANTEE APPROVAL OR THE PROVISION OF ANY FINANCIAL SERVICES. I/WE UNDERSTAND THAT APPROVAL FOR FACTORING WILL BE SUBJECT TO REVIEW AND ACCEPTANCE OF THE APPLICATION AND THE INVOICES/ACCOUNTS OFFERED, IN ACCORDANCE WITH THE TERMS OF A PLUS FACTORING'S AGREEMENT WITH SINGLE POINT CAPITAL.

FURTHERMORE, I/WE ACKNOWLEDGE THAT A PLUS FACTORING OPERATES IN AGREEMENT WITH SINGLE POINT CAPITAL, WHICH WILL BE SOLELY RESPONSIBLE FOR PROCESSING ALL FINANCIAL TRANSACTIONS RELATED TO ANY FACTORING SERVICES PROVIDED.

THE ABOVE STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. THIS SERVES AS MY/OUR AUTHORIZATION FOR THE RELEASE OF ANY INFORMATION NECESSARY TO PROCESS THIS APPLICATION, INCLUDING BUT NOT LIMITED TO CREDIT INVESTIGATION, REPORTING, AND VERIFICATION, TO A PLUS FACTORING AND TO SINGLE POINT CAPITAL, AS THE FUNDING PROVIDER. ADDITIONALLY, I/WE GRANT PERMISSION FOR SINGLE POINT CAPITAL TO FILE ANY UCC-1 FILINGS DEEMED NECESSARY IN CONNECTION WITH THIS APPLICATION.

I/We understand that A PLUS FACTORING, in agreement with SINGLE POINT CAPITAL, is only considering providing financing within a commercial transaction relationship. The Applicant hereby states, warrants, and agrees that any funds provided through this transaction will be used strictly for commercial purposes and not for household, consumer, or personal use.

Print Name:	Signature:	
Company Name:	Title:	Date: