



## **Application for Factoring Agreement**

**Austin  
(512) 478-6523**

**Dallas  
(972) 404-4726**

**San Antonio  
(210) 349-3244**

**Fax  
(972) 404-7016**

**Toll Free  
(800) 297-6652**

**[www.americanreceivable.com](http://www.americanreceivable.com)**

## General Information

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1. Exact legal name of business \_\_\_\_\_
2. Trade name or DBA \_\_\_\_\_ 2a. Federal ID # \_\_\_\_\_
3. Previous name \_\_\_\_\_
4. Business address \_\_\_\_\_
5. Mailing address \_\_\_\_\_
6. Business phone \_\_\_\_\_ 7. Fax # \_\_\_\_\_ 7a. Cellular # \_\_\_\_\_
- 8a. Email \_\_\_\_\_ 8b. Web site \_\_\_\_\_
9. Check one:      Corporation      Year \_\_\_\_\_ State \_\_\_\_\_  
                          Sole Proprietor  
                          Partnership  
                          Other
10. Has there been a change of ownership in the last 12 months or a change of name of business?      Yes      No  
     If yes, explain \_\_\_\_\_
11. Briefly describe your business \_\_\_\_\_
12. Does the business or any of the owners have any lawsuits pending at this time?      Yes      No
- 12a. Do any of the owners owe back taxes?      Yes      No
13. List all businesses owned by any owners or their spouses in the last fifteen years (list on additional sheet if needed). Also, please indicate whether the business is still in operation.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Receivable Information

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- 14a. Average number of invoices to be factored per month \_\_\_\_\_
- 14b. Average amount to be factored per month \_\_\_\_\_
15. Has this company ever factored or pledged its receivables?      Yes      No
16. Are the company receivables presently factored or pledged?      Yes      No
17. Has any company with whom an officer, owner, or director has been associated in the last ten (10) years factored or pledged its receivables?      Yes      No
18. Are there any federal or state taxes past due?      Yes      No
19. Are there any federal or state tax liens filed or pending?      Yes      No
20. Has this company or its principals ever filed bankruptcy?      Yes      No

21. If any of questions 15 through 20 were answered yes, please give all details including names and addresses of any party to whom receivables were factored or pledged. Include date and name of companies that factored your receivables.  
List on additional sheet if needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. Please list all officers, owners, and/or directors of the company.

Full name \_\_\_\_\_

Home address \_\_\_\_\_  
Street City State Zip

Home phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date and place of birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Previous address \_\_\_\_\_  
Street City State Zip

Title \_\_\_\_\_ Director? Yes No Ownership % \_\_\_\_\_

Spouse's name \_\_\_\_\_ Spouse's SS Number \_\_\_\_\_

Full name \_\_\_\_\_

Home address \_\_\_\_\_  
Street City State Zip

Home phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date and place of birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Previous address \_\_\_\_\_  
Street City State Zip

Title \_\_\_\_\_ Director? Yes No Ownership % \_\_\_\_\_

Spouse's name \_\_\_\_\_ Spouse's SS Number \_\_\_\_\_

Full name \_\_\_\_\_

Home address \_\_\_\_\_  
Street City State Zip

Home phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date and place of birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Previous address \_\_\_\_\_  
Street City State Zip

Title \_\_\_\_\_ Director? Yes No Ownership % \_\_\_\_\_

Spouse's name \_\_\_\_\_ Spouse's SS Number \_\_\_\_\_

23. How did you learn about American Receivable Corporation?

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### Financial Information

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24. Bank presently used \_\_\_\_\_  
Contact name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Account Name \_\_\_\_\_ Account # \_\_\_\_\_  
Officer name \_\_\_\_\_

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### Instructions

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25. Please include all of the following when submitting your application:
- a. First page of Articles of Incorporation
  - b. DBA, assumed or trade name certificate
  - c. Most recent accounts receivable aging
  - d. Most recent accounts payable aging
  - e. Most recent profit and loss statement and balance sheet
  - f. Current customer listing with contact names, telephone, and fax numbers
  - g. Previous 4 quarters payroll tax filings or proof of payroll taxes paid
26. Please include a voided check with your application.

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### Signature

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The information supplied herein to American Receivable Corporation is true and correct to the best of my knowledge. I authorize American Receivable Corporation to investigate my business and personal credit through its various agencies for the purpose of evaluation and verification.

Signed: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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