



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

General Information

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

- 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?

Financial Information

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

Instructions

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, email addresses, telephone and fax numbers
 - g. Please provide a copy of your Driver's License
26. Please include a voided check with your application.

Signature

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: _____