



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 _____
 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. Do 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 or all owners in the last fifteen years (list on additional sheet if needed)

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 and/or state taxes past due? Yes No

19. Are there any federal and/or state tax liens filed or pending? Yes No

20. Has this company or its principals ever filed or been involved in bankruptcy? Yes No

21. If any of questions 15 through 21 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 Corp.?

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 or Articles of Incorporation
 - b. DBA, assumed or trade name certificate
 - c. Most recent accounts receivable aging
 - d. Most recent profit and loss statement and balance sheet
 - e. Current customer listing with contact names, telephone, and fax numbers
 - f. Last quarter payroll tax filings or proof of payroll taxes paid
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 by _____ Title _____ Date _____