

## FACTORING APPLICATION

Please fill out the following and **fax to 212-658-9717**. You may also email it to [info@advancedfundingsolutionsllc.com](mailto:info@advancedfundingsolutionsllc.com). Please also include a copy of your Accounts Receivable Aging Schedule, a Customer List and any other information you have that may be pertinent. (Please write clearly in **CAPITAL** letters)

### BUSINESS INFORMATION

EXACT LEGAL NAME OF BUSINESS ENTITY		FED TAX NO.
ADDRESS	CITY, STATE, ZIP	COUNTY
TELEPHONE	FAX	EMAIL
WEBSITE ADDRESS	NUMBER OF YEARS IN BUSINESS	YEARS UNDER PRESENT CONTROL

### OWNERSHIP INFORMATION

BUSINESS STRUCTURE:	<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> S-CORP	<input type="checkbox"/> LLP	<input type="checkbox"/> TRUST
	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> C-CORP	<input type="checkbox"/> LLC	
PRINCIPAL'S NAME:	TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
HOME ADDRESS (STREET)	CITY	STATE, ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	DRIVERS LIC. NO.
ANNUAL SALARY: \$	EST. NET WORTH: \$	EMAIL:		

### INDUSTRY INFORMATION

INDUSTRY:	HAVE YOU FACTORED BEFORE?:	IF SO, WITH WHOM?
	<input type="checkbox"/> YES <input type="checkbox"/> NO	

### FINANCIAL INFORMATION

ANNUAL SALES: \$	OPEN RECEIVABLES: \$	APPROX. # OF CUSTOMERS	AVG. INVOICE AMOUNT
ANY TAXES PAST DUE?	IF SO, PLS DESCRIBE:		
<input type="checkbox"/> YES <input type="checkbox"/> NO			
ANY ASSETS NOW ASSIGNED, PLEGGED OR LIENED AS COLLATERAL FOR LOANS?	IF SO, PLS DESCRIBE:		
<input type="checkbox"/> YES <input type="checkbox"/> NO			

### COMPANY DESCRIPTION

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR COMPANY, SERVICES AND YOUR FACTORING NEEDS.

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