

Factoring Application

Company Information

Business Name	
In Business Since	
Contact Person	
Mailing Address	
Physical Address	
Phone Number	
Cell Number	
Fax Number	
Email Address	
EIN #	
Type of Business	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corp.
Estimated Average Monthly Volume to Factor	
Factored Before? Name and Phone Number	
Number of Trucks	
Motor Carrier #	
DOT #	

Principals of Company

First Name			
Middle Name			
Last Name			
Title			
Home Address			
Social Security #			
Drivers License #			
Date of Birth			
% Ownership			
Phone Number			
Cell Number			

Customers You Wish to Factor

Company Name			
Address			
Phone Number			
Contact Person			
Monthly Average			
Days to Collect			
Terms of Payment			
How long worked for			

The foregoing information is true and correct to the best of my knowledge and is given to induce Vision Factoring LLC and Integrity Factoring & Consulting, Inc. to consider entering into a factoring agreement with this company. I hereby authorize Vision Factoring LLC and Integrity Factoring & Consulting, Inc. or its agents to verify and investigate any or all of the foregoing statements, including but not limited to my/our credit worthiness and financial responsibility, in any way they may choose. I/We grant Vision Factoring LLC and Integrity Factoring & Consulting, Inc. the right to procure any and all credit reports pertaining to any party listed in this application, including but not limited to, all principals of the applicant company, to file one or more Initial Financing Statements against you in any or all Uniform Commercial Code jurisdictions, which reflect the collateral as "all assets." Agreed and consented to:

Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date

please fax to

877.834.1467

Include a copy of:

Articles of Corporation or Organization,
 All Company Share Holders Drivers License,
 Liability Insurance