

## Factoring Application



611 Saxony Blvd.  
St. Petersburg, FL 33716  
[www.fountainheadfunding.com](http://www.fountainheadfunding.com)

Phone (727) 573-5533  
Toll free (800) 663-7517  
Fax (727) 299-9034

---

Contact: Diane Homa, CCFC  
Email: [dhoma@fountainheadfunding.com](mailto:dhoma@fountainheadfunding.com)

---

*To facilitate the quote process, please return the following:*

- Completed 2-page factoring application\*\*
- Current Accounts Receivable aging report\*\*
- Articles of incorporation
- Registered DBA or fictitious name, if applicable
- Copy of a current invoice
- Copy of purchase order or contract

*\*\* These are the minimum items required to receive a quote;  
the other items may be additionally required.*

Legal Name of Company: \_\_\_\_\_

DBA: \_\_\_\_\_

Check One:  Corporation or S-Corp  Partnership/Limited Liability Co.  Sole Proprietorship

Federal Tax Identification #: \_\_\_\_\_ Date Business Started: \_\_\_\_\_

Primary Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) - Fax: ( ) - Cell phone or Alternate Phone: ( ) -

Email address: \_\_\_\_\_ Website: \_\_\_\_\_

Business Description (types of products and/or services): \_\_\_\_\_

Normal Terms of Sale:  Due upon receipt  Net 7-29 days  Net 30  Net 60  Other: \_\_\_\_\_

Number of active customers \_\_\_\_\_ Gross Sales for last year 200\_\_ \$ \_\_\_\_\_

Number of invoices per month \_\_\_\_\_

Average Invoice Amount \$ \_\_\_\_\_ Projected for this year 200\_\_ \$ \_\_\_\_\_

What is the gross (\$) amount of invoices that you intend to factor each month? \$ \_\_\_\_\_  
Have you ever factored your Accounts Receivable before?  No  Yes, with whom? \_\_\_\_\_

Principal / Majority Owner Information:

Name:	Home Address/City	State	Zip	SS#	Ownership %

Is your company required to be bonded or insured for any of its services?  Yes  No  N/A

Are your Payroll Taxes current?  Yes  No

Are Federal / State Taxes current?  Yes  No

Has any of the owners/officers filed for bankruptcy, have judgments, tax liens or pending lawsuits?  Yes  No

Does your company have any commercial loans?  No  Yes – if yes, then complete the following:

Name of Bank or Lender: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Loan(s) Balances: \_\_\_\_\_ Nature or purpose of loan(s): \_\_\_\_\_

Collateral used for loan

List up to 10 current/future customers you wish to factor—your customers will never be contacted without your permission.

1	Company Name Address / City	Phone ( ) - State Zip
2	Company Name Address / City	Phone ( ) - State Zip
3	Company Name Address / City	Phone ( ) - State Zip
4	Company Name Address / City	Phone ( ) - State Zip
5	Company Name Address / City	Phone ( ) - State Zip
6	Company Name Address / City	Phone ( ) - State Zip
7	Company Name Address / City	Phone ( ) - State Zip
8	Company Name Address / City	Phone ( ) - State Zip
9	Company Name Address / City	Phone ( ) - State Zip
10	Company Name Address / City	Phone ( ) - State Zip

The foregoing information is true and correct to the best of my knowledge and is given to Fountainhead Funding to induce Fountainhead Funding to consider entering into a factoring agreement with this company, or have this information assigned to another creditor. I/We have been expressly authorized to grant Fountainhead Funding or its agents to verify and investigate any and all the foregoing statements, including but not limited to my/our current creditworthiness and financial responsibility, in any way Fountainhead Funding chooses. I/We grant Fountainhead Funding or its agents the right to procure any and all credit reports pertaining to any party affiliated with the corporate applicant, including all principals of the applicant company.

Signature: \_\_\_\_\_  
*Typed signature acceptable for electronic transmission*

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_  
*(President, Owner, or Authorized Agent)*

Date: \_\_\_\_\_