

This Factoring Application can either be filled out on screen or printed out. Tab between fields to fill out on screen.

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: () - 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: _____
 Consignment Avg. Discounts / Returns: _____ %

Number of active customers _____

Number of invoices per month _____ Gross Sales for last year 200__ \$ _____

Average Invoice Amount \$ _____ Projected Sales 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	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 of loan(s) _____

Please 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: _____

Title: _____

Print Name: _____

Date: _____



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From: Diane Homa
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To facilitate the quote process, please return the following:

- **Completed 2-page 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 rate quote;
the other items may be additionally required.**

