



**First Capital Financial Group, LLC**  
 6565 N MacArthur Blvd, Ste 225, #1030  
 Irving, TX 75039  
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## FACTORING APPLICATION

### General Information

Legal Name of Business \_\_\_\_\_ Web Address \_\_\_\_\_

Trade Name \_\_\_\_\_ Federal ID# \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Mailing Address \_\_\_\_\_  
Street City State Zip Code

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

Date Est. \_\_\_\_\_ Company Structure  Corporation (Year \_\_\_\_ /State \_\_\_\_ )  Partnership  Proprietorship

Has there been a change of ownership in the past year?  Yes  No If yes, explain on a separate sheet.

Has the company ever changed its name?  Yes  No If yes, explain on a separate sheet.

Industry Segment  Manufacturing  Wholesale  Retail  Services  Other \_\_\_\_\_

Brief Description of Business or Primary Product \_\_\_\_\_

Approximate Number of Employees \_\_\_\_\_ Does the company own or rent location  Own  Rent

### Banking Information

Bank Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Acct. # \_\_\_\_\_ Since \_\_\_\_\_

Loans \_\_\_\_\_ Collateral \_\_\_\_\_

### Account Information

Accounting Firm \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Fiscal Year Begins / Ends \_\_\_\_\_ / \_\_\_\_\_

## Account Information

Current Outstanding Receivables \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
1 - 30 Days 31 - 60 Days 61 Days and Over

Approximate Total Number of Invoices per Month \_\_\_\_\_ Approximate Total Number of Invoices to be Sold per Month \_\_\_\_\_

Total Billing: Last 30 Days \$ \_\_\_\_\_ Last 12 Months \$ \_\_\_\_\_

Average Invoice Amount \$ \_\_\_\_\_ Average Days Invoices Outstanding \_\_\_\_\_ Days

Approximate Total Number of Customers \_\_\_\_\_ Approximate Total Number of Customers to be on the Pre-Approved List \_\_\_\_\_

Does Your Invoicing Involve:

<input type="checkbox"/> Yes <input type="checkbox"/> No Progress Billing	<input type="checkbox"/> Yes <input type="checkbox"/> No Retainage	<input type="checkbox"/> Yes <input type="checkbox"/> No Consignment Sales
<input type="checkbox"/> Yes <input type="checkbox"/> No Contra Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No Customer Deposits	<input type="checkbox"/> Yes <input type="checkbox"/> No Bill Now But Hold in Inventory
<input type="checkbox"/> Yes <input type="checkbox"/> No Guaranteed Sales	<input type="checkbox"/> Yes <input type="checkbox"/> No Sales to Affiliates	<input type="checkbox"/> Yes <input type="checkbox"/> No Billings Prior to Completion
<input type="checkbox"/> Yes <input type="checkbox"/> No Government Sales		

What documentation is required by your clients to accompany your invoices for payment? \_\_\_\_\_  
 \_\_\_\_\_

Approximate annual dollar volume of sales discounts, returns and allowances: \$ \_\_\_\_\_

Are receivables generated from the sale of goods, services or both? \_\_\_\_\_

Do you use sub-contractors?  Yes  No    Do you supply materials?  Yes  No    Do you rent equipment?  Yes  No

## Company History

Has this company ever sold, factored or pledged its receivables?  Yes  No

Are the company's receivables currently being sold, factored or pledged?  Yes  No

Have the companies with whom any Officer, Director, Partner or Principal has been associated within the past five years sold, factored or pledged its receivables?  Yes  No

*If you answered yes to any of these three questions, please give specifics on a separate sheet and include the following information: (1) company selling receivable (name, address, telephone), (2) company purchasing receivables (name, address, telephone) and (3) dates of transactions.*

Is this company now, or has it ever been, in bankruptcy?  Yes  No

*If yes, please give specifics on a separate sheet.*

Are there any payroll, state or federal taxes past due?  Yes  No

*If yes, please give specifics on a separate sheet.*

## Officers / Directors / Partners / Principals Information

For ALL Officers, Directors, partners and Principals - please complete the following information. Use additional sheets as necessary.

Full Name \_\_\_\_\_  
Mr./Ms./Dr. First Middle Last

Home Address \_\_\_\_\_  
Street City State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Percentage Ownership \_\_\_\_\_ % Title \_\_\_\_\_

Position (check all that apply):  Officer  Director  Partner  Proprietor  Other \_\_\_\_\_

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Full Name \_\_\_\_\_  
Mr./Ms./Dr. First Middle Last

Home Address \_\_\_\_\_  
Street City State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Percentage Ownership \_\_\_\_\_ % Title \_\_\_\_\_

Position (check all that apply):  Officer  Director  Partner  Proprietor  Other \_\_\_\_\_

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Full Name \_\_\_\_\_  
Mr./Ms./Dr. First Middle Last

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Street City State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Percentage Ownership \_\_\_\_\_ % Title \_\_\_\_\_

Position (check all that apply):  Officer  Director  Partner  Proprietor  Other \_\_\_\_\_

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Full Name \_\_\_\_\_  
Mr./Ms./Dr. First Middle Last

Home Address \_\_\_\_\_  
Street City State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Percentage Ownership \_\_\_\_\_ % Title \_\_\_\_\_

Position (check all that apply):  Officer  Director  Partner  Proprietor  Other \_\_\_\_\_

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## Top Ten Clients

Customer Name	Address	Phone #	Annual Sales Volume (\$)	Current Outstanding Accounts/Receivable (\$)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____

## Document Checklist

- Detailed Accounts Receivable Aging by Customer
- Detailed Accounts Payable Aging
- Most Recent Income Statement and Balance Sheet
- Past Three (3) Years Federal Income Tax Statements
- Assumed Name Certificate, Partnership Agreement or Articles of Incorporation with Certificates of Incorporation from State
- Complete Customer List with Contact Name, Address and Phone Numbers
- Copies of Invoice Documentation (Invoice and Supporting Documentation, e.g. Purchase Order, Signed Time Card, Proof of Delivery, Bill of Lading, Signed Delivery Ticket)
- Other \_\_\_\_\_

*The information supplied in the Prospective Client Information Form and all forms and documents submitted to First Capital Financial Group, LLC (First Capital) in connection herewith is true and correct to the best of my knowledge and belief. I/we hereby authorize First Capital, its funding sources, agents, and/or assigns to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, etc. as First Capital, its funding sources, agents and/or assigns deems necessary. I/we grant First Capital, its funding sources, agents and/or assigns the right to procure any and all credit reports pertaining to any party to this application. I/we grant First Capital, its funding sources, agents and/or assigns the right to file liens on my/our company's accounts receivables.*

Signed By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_