



# PO Funding & AR Factoring Application

## Company & Ownership Information

Legal Name of Company: (as shown on the Articles of Incorporation or Partnership Agreement)				
Legal Form Under Which Business Operates: <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship				
Federal ID #:		State of Incorporation:		In Business Since:
10%+ Officers/Owners Name:		US Citizen?	DOB:	SS#
10%+ Officers/Owners Name:		US Citizen?	DOB:	SS#
Address:		City:	State:	Zip:
Main Phone #:	Cell:	E-mail:		
Describe your business & background:				
Average Monthly Billing:	Desired factoring amount:	What is your average invoice size?	Largest Invoice?	Smallest Invoice?
# of Employees:	Do you bill in Progress stages? Yes	No	Any sales Bill & Hold? Yes	No

## Customers (List your 3 largest) *Your customers will not be contacted at this time.*

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
E-mail:	E-mail:	E-mail:
Payment Terms:	Payment Terms:	Payment Terms:
Current Balance:	Current Balance:	Current Balance:

## Financial Information

Do you have any outstanding loans? Yes	No	Is your inventory/receivables pledged as collateral? Yes	No
Name of Financial Institution(s):			
Loan Amount & Terms:			
Are your Federal, state & payroll taxes current? Yes (if 'Yes', skip to the next section) No (if 'No', answer the following:)			
What is the Federal balance owed: \$	State balance owed: \$		
Have any liens been placed? Yes	No	Do you have a payment plan? Yes	No Monthly Payment (\$):
Is the company, or any officer, involved in any type of litigation or lawsuit? Yes No if 'Yes', please describe:			
Company Attorney:		Phone number:	
Company Accountant:		Phone number:	
Have you previously Factored? Yes No If yes, with whom:			

### Very Important. Please attach the following:

- > Invoice Aging > Accounts Payable Aging > Customer Contracts and/or Purchase Orders > Articles of Incorporation & Operating Agreement
- > Sample invoice with backup documentation (ie, proof of delivery, time sheets or performance reports) > 3 Months of Bank Statements

I attest the statements in this application are true and correct to the best of my knowledge. I authorize First Capital, it's funding sources, agents and/or assigns, to verify all statements in any way they may choose and the right to procure all credit reports of the principles of applicant company.

Signature: \_\_\_\_\_

Type or print name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

How did you hear about us?

Email completed form to [underwriting@firstcapitalcf.com](mailto:underwriting@firstcapitalcf.com)

Fax to: (800) 497-7701