

## Application For Factoring Services

### Business Information

Company Name _____	Phone Number _____
Address _____	Fax Number _____
Address (2) _____	Email Address _____
City, State, Zip _____	Line of Business _____
	Website _____

### Principal's or Owner's Personal / Home Information

Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
SSN _____ Drivers Lic _____ DOB _____ % Ownership _____	SSN _____ Drivers Lic _____ DOB _____ % Ownership _____
Home Phone _____ Cell Phone _____	Home Phone _____ Cell Phone _____

### Company Information

Entity Type     Corporation     LLC     Sole Proprietor     Partnership    Year Established \_\_\_\_\_

Federal ID \_\_\_\_\_ Bank Name \_\_\_\_\_ Bank Contact \_\_\_\_\_

MC # \_\_\_\_\_ Insurance Co \_\_\_\_\_ Ins. Contact \_\_\_\_\_

Are you Factoring now or in the past?     Y     N    If yes, with which company? \_\_\_\_\_

Are you currently under the protection of the US Bankruptcy Laws?     Y     N    If yes, date filed \_\_\_\_\_

Do you have any past due taxes?     Y     N    If yes, Amount \$ \_\_\_\_\_ Do you have an installment plan?     Y     N

Do you have a tax lien?     Y     N    If yes to either, explain \_\_\_\_\_

### Billing and Accounts Receivable

Amount of Open Invoices / Receivables    \$ _____	Average Invoice Amount    \$ _____
Average Monthly Billing / Sales    \$ _____	Average # of Days to Get Paid    _____ days
Number of Active Customers    _____	Largest Customer Owes    \$ _____

### Signatures and Authorization

I hereby authorize the release of any information to Advance Capital Solutions, LLC for the purpose of credit investigation of the company or myself. The above statements are true and accurate to the best of my knowledge.  
 A facsimile copy of this document is acceptable as an original.

Signature    X _____	Signature    X _____
Print Name _____	Print Name _____
Date _____ Title _____	Date _____ Title _____

### Please Also Provide

- |  |  |
|--|--|
| 1. Copy of Drivers License                     | 5. Tax Identification Number Certificate |
| 2. Articles of Incorporation                   | 6. Sample Invoice                        |
| 3. MC Number / Authority                       | 7. List of Customers (to be factored)    |
| 4. Insurance Certificate / ACS as Cert. Holder | 8. Voided Check                          |

Email form to: ACS@acsfactors.com    or    Fax to: (909) 946-5590    Please call (909) 946-5599 if you have any questions.

**Advancing Capital >> Providing Solutions**