



APPLICATION FOR FACTORING

Business Contact Information

Company Name: _____ No. of Employees: _____

Form of Business Sole proprietorship Partnership Corporation/LLC Other

Date Established: _____

Business Names Used in Past 5 years: _____

Type of Business: _____ Tax ID #: _____

Address: _____ Phone #: _____

City, State: _____ Fax #: _____

ZIP: _____ Email: _____ DOB: _____

1. Are all Federal, State, Local, Income, Payroll, FUTA, Sales and Property Tax accounts of the company and all of its owner's current? **YES** **NO** **Past Due Amount** _____

2. Have there been any Liens, Lawsuits or Judgements filed against you or the company. Have you ever filed for bankruptcy in either: Business **YES** Personal **NO YES** **NO**

3. Has any of the Company's owners/shareholders ever been convicted of a felony? **YES** **NO**

4. Current Accounts Receivable. **# of Accounts** _____ **Monthly Sales** _____

5. Are there Any liens on your receivables? **YES** **NO** **By Whom:** _____

6. Do your receivables currently serve as collateral for a loan or other transaction? **YES** **NO**

7. Has the company or any owner factored receivables in the past? **YES** **NO**

By Whom: _____

8. On average, what is your profit margin percentage on your receivables: _____

I certify that all of the above statements are true and accurate to the best of my/our knowledge. The undersigned authorizes CR-FED, its Officers, Agents, Representatives or Assigns to obtain commercial and consumer credit information, to conduct a criminal background investigation and obtain any other additional information that may be used and relied upon to offer me or my company financial assistance. All information contained in this application will be held strictly confidential.

Printed Name	Title	% of Ownership	Drivers License Number	Social Security Number
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Signature	Home Address	Home Phone #
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Printed Name	Title	% of Ownership	Drivers License Number	Social Security Number
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Signature	Home Address	Home Phone #
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