



U.S. Financial COMPANIES

Ph: 888-581-5990
www.usfinco.com

CONFIDENTIAL

INVOICE FACTORING APPLICATION

PLEASE COMPLETE & FAX TO: 614-573-7155

GENERAL INFORMATION

Business Name _____ Email _____

Company Address & Country: _____

Phone _____ Fax _____ Cell _____

Time in Business _____ Type of Entity: Corporation LLC Other: _____

Fed Tax ID (COMPANIES IN USA) _____ Type of Business _____

Your Website _____ How did you hear about us? _____

OWNERSHIP INFORMATION (must account for 100%)

Note: If there are more than two principals, please attach information on a separate page. Non-US principals will not have an SSN.

Principal 1

Name _____ Title _____ % Owned _____

Home Address For Principal 1 _____

Social Security # _____ Date of Birth _____ Driver's License # _____

Principal 2

Name _____ Title _____ % Owned _____

Home Address For Principal 2 _____

Social Security # _____ Date of Birth _____ Driver's License # _____

OPERATIONAL INFORMATION

Estimated Annual Sales _____ Amount to factor monthly _____

- | | | |
|---|------------------------------|-----------------------------|
| Has the company or any of the principals ever declared bankruptcy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any unsatisfied judgments or liens against the company or its principals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the company have any outstanding loans or lines of credit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are Federal, State and withholding taxes current? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you doing business under any other name or do you own any other businesses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has your business been under any other names in the last five years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please list the clients you wish to fund below (or attach a separate list) & attach a current aging report.

Name _____ Headquarter Address _____ Headquarter Phone _____

I affirm that all the information provided is true and accurate. I authorize U.S. Financial Services and its assignees (as deemed necessary) to verify the accuracy of the statements and information provided and to conduct a credit investigation and background check. I further agree that any adverse material change to the financial condition previously supplied must be reported within fifteen (15) days.

Signature (Principal 1) _____ Date _____ Signature (Principal 2) _____ Date _____