

Diversified Financial Services

800-954-0012 fax: 866-219-5261

www.dfsfactoring.com

Factoring Application

BUSINESS INFORMATION

Full Name: _____

Legal Bus Name: _____

DBA: _____

Address: _____

City: _____ State: ____ Zip: _____

Telephone: _____ Cell: _____

Email: _____ Website: _____

Business is a: Corporation __ LLC __ Partnership __ Sole Prop __
FEIN __-_____

Date Business started: _____ State of Incorporation: _____

How long have you been in business? _____

Briefly describe your business:

Terms of Sale: Due Upon Receipt Net 7 Net 10 Net 20 Net 30 Other: _____

Gross sales previous year \$ _____ Projected sales current year \$ _____

Approx profit margin (Sales less Direct costs) _____ %

Average monthly sales? \$ _____ Average Invoice Amount? \$ _____

Dollar volume you want to factor monthly? \$ _____

Have you ever factored receivables before? No Yes-with whom: _____

Are any Accounts Receivables pledged or encumbered as collateral? Yes No

Are your 940 & 941 Payroll taxes current? Yes No

Are Federal & State taxes current? Yes No

Factoring Application

PRINCIPLES/OWNERS

Full Name: _____ SSN#: _____
Address: _____ City: _____ St: _____ Zip: _____
Home Phone: _____ Cell: _____
Title: _____ % of Ownership: _____ %
DL #: _____ Email: _____

Full Name: _____ SSN#: _____
Address: _____ City: _____ St: _____ Zip: _____
Home Phone: _____ Cell: _____
Title: _____ % of Ownership: _____ %
DL #: _____ Email: _____

Full Name: _____ SSN#: _____
Address: _____ City: _____ St: _____ Zip: _____
Home Phone: _____ Cell: _____
Title: _____ % of Ownership: _____ %
DL #: _____ Email: _____

Full Name: _____ SSN#: _____
Address: _____ City: _____ St: _____ Zip: _____
Home Phone: _____ Cell: _____
Title: _____ % of Ownership: _____ %
DL #: _____ Email: _____

Has the Business or any principles/officers filed for bankruptcy? Yes No

Has the Business or any principles/officers have any judgments? Yes No

Has the Business or any principles/officers have any tax liens? Yes No

Has the Business or any principles/officers have any pending lawsuits? Yes No

BANKING INFORMATION

Checking Account

Bank name: _____ Date opened _____
Acct Number: _____
Address: _____ City: _____ St: _____ Zip: _____
Bank officer: _____ Phone: _____

Loan

Bank name: _____ Date opened _____
Acct Number: _____
Address: _____ City: _____ St: _____ Zip: _____
Loan officer: _____ Phone: _____
Loan Amount: _____ Collateral: _____

Factoring Application

CUSTOMER INFORMATION

Provide us with up to 4 customers you would like to factor:

Customer #1: _____
Address: _____
City: _____ State: _____ Zip: _____
Approx monthly amount: _____ approx days for pmt: _____
Credit Line desired? \$ _____

Customer #2: _____
Address: _____
City: _____ State: _____ Zip: _____
Approx monthly amount: _____ approx days for pmt: _____
Credit Line desired? \$ _____

Customer #3: _____
Address: _____
City: _____ State: _____ Zip: _____
Approx monthly amount: _____ approx days for pmt: _____
Credit Line desired? \$ _____

Customer #4: _____
Address: _____
City: _____ State: _____ Zip: _____
Approx monthly amount: _____ approx days for pmt: _____
Credit Line desired? \$ _____

To Facilitate the application process please provide DFS with the following:

- A/R Aging Report
- A/P Aging Report
- Articles of Incorporation
- Business License (If Applicable)
- Copy of an actual invoice
- A check or credit card payment of \$350.00 to cover UCC search & Filing Fee

Privacy Policy: The information provided by an authorized business representative will be used solely to determine which factoring program is best for your business and is true & correct to the best of your knowledge.

Upon submitting your Factoring application you are authorizing Diversified Financial Services to check credit information pertaining to all information in this Factoring application.

Signature: _____ Title: _____

Printed Name: _____ Date: _____