US Funding, Inc

3750 Admiral Drive Ste 103 • P.O. Box 6065 • High Point, NC 27262 Phone (336)812-9767 • www.usfundinginc.com

Application for Factoring Company Information

Full Business Name:	Business Name: Legal Name (if different):				
Business Address:Street or PO Box					
Street or PO Box					
City	County	State	Zip		
Business Phone:	Fax:	Email:			
Structure: C Corporation	S Corporation D/F	B/A Partnership Sole Propriet	orship LLC		
Years in Business:	If Corpo	oration, state of incorporation:			
If doing business at places other thar	Principal Place of Busine	ess / Corporate Office, list all additional ad	dresses:		
Has there been a change of business	name within the last five y	years? yes no			
If yes, list names used:					
		es, explain:			
-		es, explain:			
Describe primary source(s) of busine	ess activity:				
			_		
Tax Information					
Federal Tax ID#:		State Tax #:			
All applicable Federal taxes have be	en filed through: Month _	Year			
Do you have any Federal or State tax	xes overdue? yes	no If yes, have any liens been filed?	yes no		
Are any Federal or State tax returns	under audit? (yes	no If yes, explain:			
Principal / Corporate	Officer Inform	ation			
Enter information pertaining to all B	Business Owners or Corpor	rate Officers:			
Title: Nar	me:	Home Phone	»:		

Home Address:			
Social Security #:	Date of	`Birth:	Drivers Lic. State and #:
Has been convicted of a fel-	ony? yes no If yes	s, explain:	
Title:	Name:		Home Phone:
Home Address:			
Social Security #:	Date o	of Birth:	Drivers Lic. State and #;
Has been convicted of a fel-	ony? yes no If yes	s, explain:	
Title:	Name:		Home Phone:
Home Address:			
Social Security #:	Date o	of Birth:	Drivers Lic. State and #;
Has been convicted of a fel-	ony? yes no If	yes, explain:	
			Home Phone:
			Drivers Lic. State and #:
Professional Co		If yes, explain	
		addresses, and phone numbe	ers of your accountant, banker, attorney, and
insurance agent:	oride to with the names, a	adresses, and phone name	so or your accountain, ourness, and
Accountant Firm:		Name:	
Phone:	Addres	is:	
Banker Firm:		Name:	
Phone:	Addres	is:	
Checking Account #:		Savings Acco	unt #:
Attorney Firm:		Name:	
Phone:	Addres	ss:	
Insurance Agent Firm:		Name: _	
Phone:	Addres	is:	
Trade Referenc	es		
Please provide us with three	of the Business's supplier	rs.	
1. Name:		P	Phone:
Contact(s):			
2. Name:			Phone:

Contact(s):			<u>. </u>
Service/Product Provided:			
3. Name:		Phone:	
Contact(s):			
Service/Product Provided:			
Financial History			
Attach any relevant explanatory information in	relating to answers to the followi	ing questions.	
Has Business ever been subject to a repossess	sion or order of Replevin?	Yes	No
Has Business ever declared bankruptcy?		Yes	No
Is Business or its principals Defendant(s) in a	ny legal actions?	Yes	No
Are any Liens currently placed against Applia (or Accounts Receivable pledged as collateral	cant's Accounts Receivable 1)?	☐ Yes ☐	No
Does Business have any outstanding business	loans?	Yes	~ No
If yes, please provide: Name of Financial Inst	titution:		
Phone:	_ Address:		
Loan Amount:	_Collateral pledged:	···-	·-··
Has Business previously factored?		Yes	No
If yes, name of previous factor:		_	
I represent and warrant that the inforto the best of my knowledge and no affect my answers to the questions h happens, US Funding, Inc. may rely Funding, Inc. is authorized to check credit of the principals and/or office deems necessary to verify the accurace creditworthiness. This application and	material information has been, I will so notify US on this application as true the Applicant's credit (incres of the Applicant) and macy of the statements made	peen omitted. If a of Funding, Inc. immore and accurate as of cluding my person take all other inquite on this form and	change occurs to materially ediately. Unless this f the date below. US al credit, or the personal iries that US Funding, Inc. to determine my
Applicant Signature	Co-A	pplicant Signature	

Date

Date

Attachment Checklist

In order to complete the factoring application, US Funding. Inc. must conduct due-diligence to verify firm's legal standing and personal identity with associated business owners and/or corporate officers. Please include the following documents to ensure a speedy response:

Copy of company's Certificate of Incorporation or similar document (e.g. Business Certificate)
Copy of company's corporate minutes or Articles of Incorporation and bylaws that detail title
and/or ability to execute contracts binding to the company.
Corporate Tax Identification Number (preferably on a federal tax coupon or similar
instrument)
Recent internally prepared Balance Sheet and Income Statement
Last available CPA prepared Balance Sheet and Income Statement
Current Accounts Receivable aging report
Current Accounts Payable aging report
Last two corporate tax returns
Evidence of most recent tax payment for 941-Quarterly Federal Tax Return and 1120-Income
Tax Return (e.g. copy of check or bank receipt)
Any relevant press releases, press coverage, or product literature that might help US Funding,
Inc. familiarize itself with products and/or services offered.
As required by the USA Patriot Act, a photocopy of the Business Owner's or Corporate
Officer's Drivers License, or similar version of official photo identification.
If you have any questions or need clarification on any part of this application, call US Funding, Inc. at (336)812-9767.
Please send the following application along with any subsequent material to: US Funding, Inc. P.O. Box 6065 Link Point NG 27262
High Point, NC 27262