

# CONFIDENTIAL FACTORING APPLICATION



**Please return application with the following documents to: (561) 961-5005**

Articles of Incorporation	Aging/Customer List
Certificate of Insurance	First 4 pages of last corporate /partnership Tax Return filed

### Anchor Funding Services Program Benefits:

<b>NO limit on funding; it's based on eligible A/R</b>
<b>FAST and SIMPLE process</b>
<b>We help MINIMIZE bad debts</b>
<b>No HIDDEN fees</b>
<b>IMPROVE your cash flow</b>
<b>GROW your business</b>

## GENERAL INFORMATION

Registered Entity Name \_\_\_\_\_

Trade Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Business Fax ( ) \_\_\_\_\_ County \_\_\_\_\_

Type of Entity     Corporation     LLC     Partnership     Proprietorship     Other \_\_\_\_\_

Date Formed \_\_\_\_\_ State of Incorporation \_\_\_\_\_ Federal Tax ID \_\_\_\_\_

How did you hear about Anchor Funding Services? \_\_\_\_\_

## ACCOUNTS RECEIVABLE INFORMATION

Total A/R Balance \_\_\_\_\_ 1-30 days \_\_\_\_\_ 31-45 \_\_\_\_\_ 46-60 \_\_\_\_\_ 60+ \_\_\_\_\_

Annual Sales \_\_\_\_\_ Average Monthly Sales \_\_\_\_\_ Monthly Amount to be Factored \_\_\_\_\_

Average Gross Profit % \_\_\_\_\_

# Active Customers \_\_\_\_\_ Largest Customer \_\_\_\_\_ % of Business \_\_\_\_\_ Average Inv Size \_\_\_\_\_

Have you ever factored before?     YES     NO    If Yes, with whom? \_\_\_\_\_ When? \_\_\_\_\_

Are you currently factoring?     YES     NO    If Yes, with whom? \_\_\_\_\_ Contract End Date? \_\_\_\_\_

## OPERATIONAL & FINANCIAL INFORMATION

Description of Business \_\_\_\_\_

Business Reference: Name \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_

Business Reference: Name \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_

Business Reference: Name \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_

Lending Institution \_\_\_\_\_ Account# \_\_\_\_\_ Type \_\_\_\_\_

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**OWNERSHIP INFORMATION (MUST ACCOUNT FOR 100%)**

**OWNER/PARTNER #1**

Owner Name \_\_\_\_\_ Home Address \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Current Employer \_\_\_\_\_ City/State \_\_\_\_\_ Length of Service \_\_\_\_\_ Title \_\_\_\_\_  
Previous Employer \_\_\_\_\_ City/State \_\_\_\_\_ Length of Service \_\_\_\_\_ Title \_\_\_\_\_

IF YOU ANSWER **YES** TO **ANY** QUESTION BELOW, PLEASE ATTACH A SEPARATE DOCUMENT PROVIDING A DETAILED EXPLANATION.

- 1) HAVE YOU EVER DECLARED BANKRUPTCY? YES\_\_NO\_\_
- 2) ARE THERE ANY UNSATISFIED JUDGMENTS OR TAX LIENS AGAINST YOU? YES\_\_NO\_\_
- 3) ARE THERE NOW, OR HAVE YOU EVER BEEN A PARTY TO ANY LITIGATION? YES\_\_NO\_\_
- 4) HAVE YOU GRANTED ANY LIEN OR SECURITY INTEREST IN ANY OF YOUR ASSETS TO ANYONE WITHIN THE LAST FIVE (5) YEARS? YES\_\_NO\_\_
- 5) HAVE ANY OF THE PRINCIPALS (I.E., DIRECTORS, OFFICERS, SHAREHOLDERS, PARTNERS, MEMBERS) BEEN INVOLVED WITH A BUSINESS SIMILAR TO THAT OF APPLICANT WITHIN THE LAST FIVE (5) YEARS? YES\_\_NO\_\_

I hereby subscribe and affirm that all the information provided is true and accurate. Anchor Funding Services, LLC is authorized (as deemed necessary) to verify the accuracy of the statements and information provided and to conduct a credit investigation and background (including criminal) check, including without limitation, obtaining one or more credit reports from credit bureaus. Any adverse material change to the financial condition previously supplied must be reported within fifteen (15) days.

Signature \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_

**OWNER/PARTNER #2**

Owner Name \_\_\_\_\_ Home Address \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Current Employer \_\_\_\_\_ City/State \_\_\_\_\_ Length of Service \_\_\_\_\_ Title \_\_\_\_\_  
Previous Employer \_\_\_\_\_ City/State \_\_\_\_\_ Length of Service \_\_\_\_\_ Title \_\_\_\_\_

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