



Application for Factoring Agreement

Dallas
(972) 404-4726

Toll Free
(800) 297-6652

Austin
(512) 478-6523

Fax
(972) 404-7016

www.AmericanReceivable.com

General Information

1. Exact Legal Name of Business: _____
2. Trade Name or DBA: _____ 2a. Federal ID / EIN #: _____
3. Previous Name: _____
4. Business Address: _____
5. Mailing Address: _____
6. Business Phone #: _____ 7. Fax #: _____ 7a. Owner #: _____
- 8a. Email: _____ 8b. Website: _____
9. Check one:
 C - Corp Year: _____ State: _____
 S - Corp
 LLP
 LLC
10. Has there been a change of ownership in the last 12 months or a change of name of business? Yes No
 If yes, explain: _____
11. Briefly describe your business: _____
12. Does the business or any of the owners have any lawsuits pending at this time? Yes No
- 12a. Do any of the owners owe back taxes? Yes No
13. List all businesses owned by any owners or their spouses in the last fifteen years (list on additional sheet if needed). Also, please indicate whether the business is still in operation.

Receivable Information

- 14a. Average number of invoices to be factored per month _____
- 14b. Average amount to be factored per month _____
15. Does this company have any financing, such as: A) Bank Loan, B)MCA ? Yes No
16. Are the company receivables presently factored or pledged? Yes No
17. Has any company with whom an officer, owner, or director has been associated in the last ten (10) years factored or pledged its receivables? Yes No
18. Are there any federal or state taxes past due? Yes No
19. Are there any federal or state tax liens filed or pending? Yes No
20. Has this company or its principals ever filed bankruptcy? Yes No

21. If any of questions 15 through 20 were answered yes, please give all details including names and addresses of any party to whom receivables were factored or pledged. Include date and name of companies that factored your receivables.
List on additional sheet if needed.

22. Please list all officers, owners, and/or directors of the company.

Full Name: _____

Home Address: _____
Street City State Zip

Home Phone: _____ Social Security Number: _____

Date and Place of Birth: _____ Driver's License Number: _____

Previous Address: _____
Street City State Zip

Title: _____ Director? Yes No Ownership %: _____

Email: _____ Cell #: _____

Full Name: _____

Home Address: _____
Street City State Zip

Home Phone: _____ Social Security Number: _____

Date and Place of Birth: _____ Driver's License Number: _____

Previous Address: _____
Street City State Zip

Title: _____ Director? Yes No Ownership %: _____

Email: _____ Cell #: _____

Full Name: _____

Home Address: _____
Street City State Zip

Home Phone: _____ Social Security Number: _____

Date and Place of Birth: _____ Driver's License Number: _____

Previous Address: _____
Street City State Zip

Title: _____ Director? Yes No Ownership %: _____

Email: _____ Cell #: _____

23. How did you learn about American Receivable Corporation?

- Referral Referral from Bank
 Google Other (Please Explain): _____

Financial Information

24. Bank Presently Used: _____
Branch Location: (Nearest) _____
Contact Name: _____
Address: _____
Phone: _____ Account Name: _____ Account #: _____
Officer Name: _____
Contact / Officers Email: _____

Instructions for Supporting Documentation

25. Please include all of the following when submitting your application:
- a. First page of Articles of Incorporation
 - b. DBA, assumed or trade name certificate
 - c. Most recent accounts receivable aging
 - d. Most recent accounts payable aging
 - e. Most recent profit and loss statement and balance sheet
 - f. Current customer listing with contact names, telephone, a contacts email, and address of company.
 - g. Copy of driver's license or state ID
 - h. Copy of EIN or Federal ID# paperwork
 - i. Send a copy of a voided check.

Signature

The information supplied herein to American Receivable Corporation is true and correct to the best of my knowledge. I authorize American Receivable Corporation to investigate my business and personal credit through its various agencies for the purpose of evaluation and verification.

Signed: _____ Title _____ Date _____
Printed Name: _____

Please Send to: info@americanreceivable.com OR Fax: (972) 404-7016
