



## **Application for Factoring Agreement**

**Dallas**  
**(972) 404-4726**

**Toll Free**  
**(800)297-6652**

**Austin**  
**(512) 339-5112**

**Fax**  
**(972) 404-7016**

**[www.AmericanReceivable.com](http://www.AmericanReceivable.com)**

## General Information

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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

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- 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**

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

**Instructions for Supporting Documentation**

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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**

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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: \_\_\_\_\_

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

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