



### Application for Factoring and Security Agreement

(This application alone does not constitute an offer, acceptance or agreement of any kind.)

#### Company Information

Application Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Postal Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Business Description & Date Est: \_\_\_\_\_

Form of Business: Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ County of Incorporation: \_\_\_\_\_

Date of Current Ownership: \_\_\_\_\_ Other States of operation: \_\_\_\_\_

Does this company operate under a D/B/A?: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list: \_\_\_\_\_

Previous business names within the last five years: \_\_\_\_\_

#### **Officer # 1**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_ Drivers Lic. No. & State: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Spouse: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

#### **Officer # 2**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_ Drivers Lic. No. & State: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Spouse: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Please attach information on any additional officers or owners.

**Banking Information**

Business Bank or S/L Name: \_\_\_\_\_ Date Opened: \_\_\_\_\_  
Address: \_\_\_\_\_ Account #: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Support Information**

Accountant: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Tax Information**

Federal Tax #: \_\_\_\_\_ # of employees: \_\_\_\_\_  
Is there a payroll service?: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, whom? \_\_\_\_\_  
How often are payroll taxes filed: Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_  
Are any taxes past due?: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how much is owing to whom? \_\_\_\_\_  
\_\_\_\_\_  
Are there any tax liens, judgments or suits pending against the company? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

**Accounts Receivable Information**

Annual sales: \$ \_\_\_\_\_ Outstanding invoices: \$ \_\_\_\_\_  
Anticipated monthly factoring: \$ \_\_\_\_\_ # of customers: \_\_\_\_\_  
Average invoice size: \$ \_\_\_\_\_ Average days outstanding: \_\_\_\_\_  
Has the company factored previously: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, with whom: \_\_\_\_\_  
Are there any bank loans, lines of credit, or leases to the company?: Yes \_\_\_\_\_ No \_\_\_\_\_  
Are the receivables or other assets pledged as collateral for any financing?: Yes \_\_\_\_\_ No \_\_\_\_\_  
Are there any pending or threatened lawsuits, claims or demands involving the company or principals?: Yes \_\_\_\_\_ No \_\_\_\_\_  
Has the company or principals ever filed for protection under bankruptcy laws?: Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby attest that the information provided is accurate in all material respects and I authorize MP Star to make any uniform commercial code filings necessary. In addition, I understand that investigative background inquiries are to be made concerning the company and the officers of the company including consumer reports, investigative consumer reports, criminal, driving and other reports. These reports may include information as to the character, credit worthiness and general reputation of the company and its officers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning past activities relating to driving, credit, criminal, civil and other experiences as well as claims involving the company and officers from the files of insurance companies. I authorize, without reservation, any party or agency contacted by MP Star or its agent to furnish the above mentioned information:

Officer # 1: \_\_\_\_\_ Officer # 2: \_\_\_\_\_

Please fax completed form to MP Star Financial, Inc. (440) 542-7977

**In order to complete and execute contracts, please submit the following:**

	<b>Submitted</b>
<b>1. Completed Application</b>	( )
<b>2. Articles of Incorporation</b>	( )
<b>3. A list of customer contacts, addresses, telephone and fax numbers</b>	( )
<b>4. 2 years of financial statements <u>or</u> 2 years of federal tax returns</b>	( )
<b>5. Accounts Receivable Aging Report</b>	( )
<b>6. Accounts Payable Aging Report</b>	( )
<b>7. Proof of Workman's Compensation or Worker Insurance</b>	( )
<b>8. Previous four Federal Payroll Tax Filings (Form 941 &amp; 940)</b>	( )